

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

19490

File No. 24
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Greene Registration District No. 921
Township Washington Primary Registration District No. 5443
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Pleasant Robert Eddings

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6 1896

7. AGE YEARS 37 MONTHS 5 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Greene Co.
(STATE OR COUNTRY) Missouri

13. NAME P. M. Eddings

14. BIRTHPLACE (CITY OR TOWN) Greene Co.
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) Greene Co.
(STATE OR COUNTRY) Missouri

17. INFORMANT Mr. P. M. Eddings
(ADDRESS) Hopeville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hopeville Mo. DATE June 22 1933

19. UNDERTAKER Kelley & Fenell
(ADDRESS) Hopeville Mo.

20. FILED Aug. 9 1933 Mrs. G. P. Proctor
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-8-33, 19, to 6-16-33, 19

I last saw him alive on 6-16-33, 19. Death is said

to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

Septicemia

gill
56a

Other contributory causes of importance:

Rheumatic Fever.

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Ronald F. Etkens, M. D.

(Address) Springfield Mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

ANS 20 1933

