

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

Do not use this space.

2362

FEB 27 1935

1. PLACE OF DEATH

County Pettis
Township.....
City Sedalia (No.....)

Registration District No. 668
Primary Registration District No. 3032

File No. 1
Registered No. 668 St. Ward)

2. FULL NAME Wheeler Eidson

(a) Residence, No. 114 E 14th 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 M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 31, 1890</u>		
7. AGE	YEARS	MONTHS
	<u>44</u>	<u>6</u>
		DAYS
		<u>0</u>
		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation.....
	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).....	

12. BIRTHPLACE (CITY OR TOWN) Mo
(STATE OR COUNTRY)

FATHER 13. NAME S. B. Eidson

FATHER 14. BIRTHPLACE (CITY OR TOWN) Mo
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Serina Campbell

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

17. INFORMANT S. B. Eidson
(ADDRESS) Sedalia, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE Jan 3 1935

19. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia, Mo

20. FILED Jan 3 1935 Jean Slack
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1, 1935

I HEREBY CERTIFY That I attended deceased from Jan 26 1934 to Jan 1 1935
I last saw him alive on Jan 1 1935 Death is said to have occurred on the date stated above, at 11:45 m.
The principal cause of death and related causes of importance were as follows:

Labor Primarum Date of onset

Other contributory causes of importance:
11/2
J. P. ...

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) W. G. Scavely M. D.
(Address) Sedalia Mo

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.

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