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.

AUG 16 1935

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

Do not use this space.

23594

1. PLACE OF DEATH
County Lawrence
Township Springriver
City ..... (No. ....., ... St. ..... Ward)

Registration District No. ~~476~~ 473
Primary Registration District No. ~~5640~~ 5639

File No. .....
Registered No. .....

2. FULL NAME Albert Carl Euddenburgh
(a) Residence, No. ..., Lawrence Co., Mo., 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): Married

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

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

7. AGE: Years 77 | Months 9 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farming
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) (STATE OR COUNTRY) Sweeden

FATHER
13. NAME Calvin Euddenburgh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweeden

MOTHER
15. MAIDEN NAME .....
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweeden

17. INFORMANT Mrs. Tina Conway
(ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL
PLACE Springriver Cem. DATE July 19, 1935

19. UNDERTAKER Phillips and Fossit.
(ADDRESS) .....

20. FILED July 20, 1935 A. J. Ruby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 28, 1934, to July 18, 1935.
I last saw him alive on July 3, 1935. Death is said to have occurred on the date stated above, at 12-30 m. A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:
Hernia (inguinal)

Name of operation none Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury XXX, 19....
Where did injury occur? XXXXXXXXXXXXXXXX
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury XXXXXXXXXXXXXXXXXXXX
Nature of injury XXXXXXXXXXXXXXXXXXXXXX

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify XXXXXXXXXXXXXXXXXXXX
(Signed) Thomas D. Miller, M. D.
(Address) Aurora, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENT

Do not use this space.

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

1. PLACE OF DEATH
County: Lawrence — Registration District No.: 475 — File No.:
Township: Spring River — Primary Registration District No.: 5639 — Registered No.:
City: (No. , St. Ward)

2. FULL NAME: Albert Carl Euddenburgh

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	M.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 27 - 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day: hrs. min.
	77	9	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) (STATE OR COUNTRY)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED July 20 1935 A. J. Rudisill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) Thomas D. Miller M. D.
(Address) Aurora Mo.

S-23594