JAN 15 1936

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

Do not use this space.

35072

1. PLACE OF DEATH

County Barry — Registration District No. 31 — File No.

Township McDonald — Primary Registration District No. 5045A. — Registered No. ~~39~~ 40

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Tony Eden

(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.	Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	70	6	24	

OCCUPATION

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. (Retired)

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) Mo.

FATHER

13. NAME Jeff Eden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER

15. MAIDEN NAME Not Known.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known.

17. INFORMANT (ADDRESS) Roy Eden Berryville, Ark.

18. BURIAL, CREMATION, OR REMOVAL Berryville, Ark.
PLACE I.6.6.F. Cemetery DATE Nov. 10, 1935

19. UNDERTAKER (ADDRESS) Nelson Berryville, Ark.

20. FILED 11-11, 1935 Mattie Blankenship, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8, 1935.

22. I HEREBY CERTIFY, That I attended deceased from June, 1935, to Nov., 1935. I last saw him alive on Nov. 7, 1935. Death is said to have occurred on the date stated above, at 8:50 p.m.

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

	Date of onset
Aortic Heart Disease	Years
Other contributory causes of importance	
Lues	?
Aortic Aneurism	?

Name of operation None Date of —

What test confirmed diagnosis? Reposed Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 None

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) George W Newman, M. D.

(Address) Cassville, 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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD