

OCT 23 1936

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

Do not use this space.

27547-6

1. PLACE OF DEATH

County Peru
Township Holland
City Herrmann (No.)

Registration District No. 654
Primary Registration District No. 6281

File No.
Registered No.
St. Ward)

2. FULL NAME W. H. Eddington(a) Residence, No. Herrmandale, Mo. St. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 - -

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.
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) Tenn.13. NAME Und.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Und.15. MAIDEN NAME Und.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Und.17. INFORMANT H. R. Eddington, (A Nephew) (ADDRESS) Herrmandale, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE # 8 DATE July 24, 1936

19. UNDERTAKER Cobb Funeral Home (ADDRESS) Blutheville, Ark.20. FILED 10-4 1936 Tom Bigane Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 28th, 1936

22. I HEREBY CERTIFY, That I attended deceased from 25 1936 to July 28 1936
I last saw him alive on 25 1936 Death is said to have occurred on the date stated above at 11:20 P.M.

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

Apoplexy

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

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) J. R. McDaniel, M. D.

(Address) St. Charles, 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.

