REC'D MAR 17 1939

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

7224
Do not use this space.

1. PLACE OF DEATH
(a) County Mississippi — Registration District No. 566
(b) Township Tywappity — Primary Registration District No. 5762 — Registered No. 20
(c) City Charleston — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 352 Sallie Eddington
(a) Residence, No. Charleston Mo., R#2 St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Color
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8/15/1880

7. AGE: YEARS 58 — MONTHS 5 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as saw mill, bank, etc. House Wife
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): Ripley, Tennessee

FATHER
13. NAME: Jim Burkes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

MOTHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont know

17. INFORMANT (ADDRESS): James Eddington, Charleston, Mo., R#2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Charleston, Mo DATE 2/12 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Nunnelee Funeral Home, Charleston, Missouri

20. FILED 2-12 1939 F S Vernon
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1938, to Feb 10, 1939
I last saw her alive on Jan 10, 1939. Death is said to have occurred on the date stated above, at 10:30pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	D.K.
59	

Other contributory causes of importance:

Gangrene of rt foot	DK.

Name of operation Amp. of large toe Date of Jan 1939
What test confirmed diagnosis? lab. test 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? no
If so, specify .....
(Signed) E. Chas Robinson, M. D.
745 (Address) Charleston Mo

Licensed Embalmer's Statement on Reverse Side)

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.

X14028

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, John F. Hummel Jr, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed John F. Hummel Jr

Licensed Embalmer No. 385

P. O. Address Charleston, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.