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.

81

REC'D MAR 10 1939

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

7483
Do not use this space.

1. PLACE OF DEATH
(a) County Phelps
(b) Township Rolla
(c) City Rolla
(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.

Registration District No. 6775901
Primary Registration District No. ~~4403~~
Registered No. 21

2. PRINT FULL NAME Harley George Eddleman
(a) Residence, No. Rolla Route 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 m
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22 1939

7. AGE YEARS 0 MONTHS 0 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as 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) Rolla Mo

FATHER
13. NAME Perry Eddleman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co

MOTHER
15. MAIDEN NAME Myrtle Burgess
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maries Co

17. INFORMANT (ADDRESS) Perry Eddleman Rolla Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Roach DATE Mar. 2 1938

19. FUNERAL DIRECTOR (NAME) Null Son
(ADDRESS) Rolla Mo

20. FILED Mar. 2 1939 Jos. F. Ayers
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 1 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1939 to Mar 1, 1939
I last saw her alive on Mar 1, 1939. Death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:
Broncho pneumonia — Date of onset 2-27-39
107 N
Other contributory causes of importance: none

Name of operation ..... Date of .....
What test confirmed diagnosis? None 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) S. L. Mitchell, M. D.
(Address) Rolla Mo

Licensed Embalmer's Statement on Reverse Side)

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, ...

....., or by .....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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