

On 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.

MAR 16 1928

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

Do not use this space.

4095

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St. Joseph

Primary Registration District No. 1001

City St. Joseph

(No. State Hosp No 2)

File No. 191

Registered No. 191

St. Mo Ward Mo

2. FULL NAME

(a) Residence. No. Elmer P Eddy St. Mo

Ward. Mo

(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

May Landdowne

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

4/2/1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.

67

10

22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown Ind

10. NAME OF FATHER

W T Eddy

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

New York

12. MAIDEN NAME OF MOTHER

Mrs. Eddy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Illinois

PARENTS

14.

State of a father & mother

15.

FILED

MAR 16 1928

John G. W.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/13/28 19

17. I HEREBY CERTIFY, That I attended deceased from 7/13/28 19, to 7/13/28 19, that I last saw him alive on 7/13/28 19, and that death occurred, on the date stated above, at 4 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Stroke (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. H. P.

M. D.

(Address) St. Joseph Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Maumel City Mo

2-15-1928

20. UNDERTAKER

ADDRESS

H. H. Beaumont Maumel City Mo