

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

OCT 5 4 1932

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

Do not use this space.

**28407**

1. PLACE OF DEATH  
 4 County Madras Registration District No. 912  
 5 Township Ward Primary Registration District No. 4550  
 City Vandalia (No. ....) St. .... Ward ....

2. FULL NAME Thomas A Eddleman  
 (a) Residence, No. .... St. .... Ward. ....  
 (Usual place of abode) (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 Lily Eddleman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 26/1882

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>49</u>	<u>9</u>	<u>14</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1

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) Mo 1

FATHER

13. NAME James Eddleman

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

MOTHER

15. MAIDEN NAME Belle Maiden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Wm Tom Eddleman

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Ward DATE Oct 11 1932

19. UNDERTAKER (ADDRESS) Wm Nates

20. FILED 9/10 1932 Wm Nates Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 1932 to Sept 9 1932  
 I last saw him alive on Sept 9 1932 Death is said to have occurred on the date stated above, at 10 m.  
 The principal cause of death and related causes of importance were as follows:  
Suicide - shot self in head Date of onset

Other contributory causes of importance: 167 167 1

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 Suicide Date of injury 9/9 1932  
 Where did injury occur? Vandalia Mo  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Gun shot wound of head  
 Nature of injury Fatal

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify .....  
 (Signed) W. H. Bland M. D.  
 (Address) Vandalia Mo

