

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

Do not use this space.

38303

1. PLACE OF DEATH

5 County Barry Registration District No. 31
Township Purdy Primary Registration District No. 4022
City _____ (No. 3044) St. _____ Ward _____

File No. _____
Registered No. 37
St. _____ Ward _____

2. FULL NAME Samuel Robert Eder

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) Purdy
Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Malvada Eder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 6 21

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) Benton Co. Arkansas

MOTHER 13. NAME Absalom Eder

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

15. MAIDEN NAME Malvada Patton

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

17. INFORMANT Mrs. Malvada Eder
(ADDRESS) Purdy, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Pleasant DATE Dec. 26, 1932

19. UNDERTAKER Betha F. Underhill
(ADDRESS) Wheaton, Mo.

20. FILED 1-9 1933 Matth. Blankenship
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1932, to Dec. 24, 1932
I last saw him alive on Dec. 23, 1932 Death is said to have occurred on the date stated above, at 4:00 PM.

The principal cause of death and related causes of importance were as follows:
General Peritonitis
Caused By
Ruptured appendix
Other contributory causes of importance _____
Date of onset 12-19-32

Name of operation Drainage Date of 12-21-32
What test confirmed diagnosis? Physic 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) C. W. Poor, M. D.
(Address) Wheaton, Mo

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.

JAN 21 1933

