

DEC 1 1926

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

31500

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence, Mo.

Registration District No. 398
Primary Registration District No. 5554

File No. 31500
Registered No. 317
St. _____ Ward _____

2. FULL NAME Lila Marie Eckard

(a) Residence No. 503 Ditzler Ave. St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. _____
How long in U.S., if of foreign birth? yrs. mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 18th, 1924

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 0 9

8. OCCUPATION OF DECEASED None

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer None

9. BIRTHPLACE (CITY OR TOWN) Ponca City
(STATE OR COUNTRY) Nebraska

10. NAME OF FATHER Wayne A. Eckard

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dawson
(STATE OR COUNTRY) Nebraska

12. MAIDEN NAME OF MOTHER Ruby E. Fitzwater
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kelleyville
(STATE OR COUNTRY) Oklahoma

14. INFORMANT Wayne A. Eckard
(Address) 503 Ditzler Mt. Washington Mo.

15. Oct 29 1926 F. L. Cook, MD.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/26 1926

17. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1926, to Oct 26, 1926, that I last saw him alive on 10/26, 1926, and that death occurred, on the date stated above, at 5 p mi.

THE CAUSE OF DEATH* AS FOLLOWS:

Tuberculosis
meningitis

CONTRIBUTORY (SECONDARY) 24 hr (duration) yrs. mos. ds. _____

18. WHERE WAS DISEASE CONTRACTED ?
IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? finding TB in spinal fluid
(Signed) William, M. D.
10/27, 1926 (Address) Farmout 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lt. Washington DATE OF BURIAL 10/29th, 1926

20. UNDERTAKER C. Pearson ADDRESS Independence Mo.

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.

