MAR 25 1927

A. H. Bourn.

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

Do not use this space.

5421

1. PLACE OF DEATH

County: Marion — Registration District No.: 547 — File No.:

Township: ~~Mason~~ — Primary Registration District No.: 3029 — Registered No.: 60

City: Hannibal (No. 514, North 5th. St. 1 Ward)

2. FULL NAME Bertha Eichenberger

(a) Residence. No. 514 North 5th. St. St., 1 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Marrird

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 21 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	51	7	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hannibal
(STATE OR COUNTRY) Marion Co. Mo.

PARENTS

10. NAME OF FATHER Chas. G. Rauscher

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

12. MAIDEN NAME OF MOTHER Gertrude Stecher

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Rudolph Eichenberger
(Address) 514 N.5th St. Hannibal

15. FILED 2/25, 1927 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 19 1927

17. I HEREBY CERTIFY, That I attended deceased from July, 1926, to Feb-17, 1927, that I last saw her alive on 2-17, 1927, and that death occurred, on the date stated above, at 12.45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Metastasis retroperitoneal

46 (duration) yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY) Cause of Disease

(duration) 1 yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? Yes DATE OF June-26

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. H. Bourn, M.D.

2/25, 1927 (Address) Hannibal 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: Mt. Olivet — DATE OF BURIAL: 2-29 1927

20. UNDERTAKER: Wm. M. Smith — ADDRESS: Hannibal 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.