

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

Do not use this space.

7768

1. PLACE OF DEATH

County Benton
Township Jolite
City Jolite (No. 5095)

Registration District No. 60
Primary Registration District No. 4035

File No. 7768
Registered No. 254
St. Jolite Ward 1

2. FULL NAME

(a) Residence No. John Eckhoff St. Jolite Ward 1
(Usual place of abode)

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 8 - 1845

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.
	82	9	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

10. NAME OF FATHER Henry Eckhoff

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

12. MAIDEN NAME OF MOTHER Maria Knick

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

14. INFORMANT Mrs Lavinia Eckhoff
(Address) Lincoln Ave

15. FILED 4-9-1928 By E. L. Rhodes Registrar
W. H. Hunt, Jr.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 28 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1928, to Mar 2, 1928, that I last saw him alive on March 28, 1928 and that death occurred, on the date stated above, at 8 - a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Interstitial Nephritis
Chronic

131 / 290 (duration) 12 yrs 9 mos ds

CONTRIBUTORY (SECONDARY) 290 (duration) yrs mos ds

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Place of Death

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
(Signed) Orville Budd M. D.
, 19 (Address) Lincoln Ave

*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 Cathman Cemetery DATE OF BURIAL Mar 30 1928

20. UNDERTAKER J. B. Callert ADDRESS Lincoln Ave

X. 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 16 1953