

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

Do not use this space.

1. PLACE OF DEATH

County Gasconade
Township Canaan
City (No.)

Registration District No. 305
Primary Registration District No. 5472

File No. 16729
Registered No. 7617
St. Ward

2. FULL NAME

Harrell Julius Eikermann

(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 Male 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 12-1920

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
7 8 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Pershing, Mo.

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

PARENTS

10. NAME OF FATHER Henry Eikermann

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

12. MAIDEN NAME OF MOTHER Clara Hayfner

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

14. INFORMANT Henry Eikermann (Address) Owensville Mo

15. FILED 6-4-1928 J. J. Kerrell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 31-1928

17. I HEREBY CERTIFY That I attended deceased from May 28 to May 31, 1928, to that I last saw him alive on May 31, 1928, and that death occurred, on the date stated above, at 11 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Therapeutics
57B

CONTRIBUTORY (SECONDARY) 52B

18. WHERE WAS DISEASE CONTRACTED (duration) 4 yrs. - mos. - ds.
IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical symptoms
(Signed) Chas. A. Wood, M.D.
6-1-1928 (Address) Owensville 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 Pershing, Mo DATE OF BURIAL June 3, 1928

20. UNDERTAKER W. F. Gettenstoecker ADDRESS Owensville Mo

