

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

Do not use this space.

18030

PLACE OF DEATH

County Pettis
Towship _____
City Sedalia (No. _____)

Registration District No. 668
Primary Registration District No. 3032

File No. _____
Registered No. 156
St. _____ Ward _____

2. FULL NAME William B. Eirle

(a) Residence No. 220 East 16th St. 3 Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Eirle

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 28 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 6 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work barman
(b) General nature of industry, business, or establishment in which employed (or employer) MOPac RP
(c) Name of employer _____

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

10. NAME OF FATHER James Eirle

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

12. MAIDEN NAME OF MOTHER Sarah Crum

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

14. INFORMANT Mrs Anna Eirle
(Address) Sedalia Mo

15. FILED 5-19-28 J. E. Love REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from May 1 1928 to May 16 1928 that I last saw him alive on May 16 1928, and that death occurred, on the date stated above, at 10 o'clock am.

THE CAUSE OF DEATH* was as follows:

44 Cerebral
Shock from epidemic
(duration) 7 yrs. 15 da.

CONTRIBUTORY (SECONDARY) Shock from epidemic
(duration) 7 yrs. 1 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? no DATE OF May 16

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Cerebral
(Signed) J. E. Love M. D.
, 19 (Address) Sedalia

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, that (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sedalia Mo DATE OF BURIAL 5/18 1928

20. UNDERTAKER M^{rs} Luiglein Brod Sedalia ADDRESS _____

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.

92 E. 16th
579

