

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

Do not use this space.

21414

1. PLACE OF DEATH
 County Oregon Registration District No. 636
 Township Woodside Primary Registration District No. 5843
 City..... (No)..... St. Ward)
 2. FULL NAME George J. Eline
 (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 24 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IS MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Elizabeth Eline
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-3-1858
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 10 23
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) Farmer
 (c) Name of employer
 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa
 10. NAME OF FATHER Wm Eline
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 12. MAIDEN NAME OF MOTHER Janus
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 14. INFORMANT Elizabeth Eline
 (Address)
 15. FILED 7/10/28 Enoch Bailey
 REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-30-1928
 17. I HEREBY CERTIFY, That I attended deceased from 6/29 1928, that I last saw him alive on 6/29 1928, and that death occurred, on the date stated above, at.....
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Obstruction of Stomach
 CONTRIBUTORY (SECONDARY)
 (duration)..... yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....
 WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) H. E. Eline, M. D.
 *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 Hickory Grove DATE OF BURIAL 7-2-28
 20. UNDERTAKER A. L. Can ADDRESS Thayer

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.

26 1928

