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

Do not use this space.

26951

File No. .....

Registered No. 68

1. PLACE OF DEATH

County Franklin

Township .....

City Washington (No. ....., ... St. ..... Ward)

Registration District No. 29

Primary Registration District No. 2216

2. FULL NAME Francis Herman Eckelkamp

(a) Residence. No. 110 West 6th St. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 2nd, 1919

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	8	8	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work student

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

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

PARENTS

10. NAME OF FATHER Herman H. Eckelkamp

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Warren County, Mo.

12. MAIDEN NAME OF MOTHER Clara Kopp

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

14. INFORMANT Mrs Clara Kopp Eckelkamp
(Address) 110 W. 6th St.

15. Aug 24 1928 O. L. Mueller
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 22 1928

17. I HEREBY CERTIFY That I attended deceased from July 9 1928 to Aug 22 1928 that I last saw h. alive on Aug 22 1928 and that death occurred, on the date stated above, at 11:25 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Nephritis

120 / 28

(duration) yrs. 1 mos. 20 ds.

CONTRIBUTORY (SECONDARY) Dont know

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? At place of death

O DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? no

(Signed) J. T. Maupin, M. D

Aug 24 1928 (Address) Washington 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 Catholic Cemetery, Washington Mo.

DATE OF BURIAL 8/25 1928

20. UNDERTAKER Otto & Co. by G.H.O.

ADDRESS Washington, 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.

[illegible]

[illegible]

[illegible]