

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

Do not use this space.

30039

**1. PLACE OF DEATH**

County Cole

Registration District No. 215

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 3014

Registered No. 234

City J. P. Mo. (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_

Ward. \_\_\_\_\_

(If nonresident give city or town and State)

(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**

M

**4. COLOR OR RACE**

Colored

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

\_\_\_\_\_

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Sept 27-28

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

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

Infant

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

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Jefferson City Mo.

**10. NAME OF FATHER**

Sylvester Eiken

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Gas mo.

**12. MAIDEN NAME OF MOTHER**

Hanna Crane

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Miller Co. Mo.

**14. INFORMANT**

(Address)

Louis Jno Eiken J. P. Mo.

**15. FILED**

10/2 1928 S. V. Bedford REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Sept 27 1928

**17.**

I HEREBY CERTIFY, That I attended deceased from Sept 27, 1928, to Sept 28, 1928, that I last saw him alive on Sept 27, 1928, and that death occurred, on the date stated above, at 4 P m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Premature Birth

About ninth month gestation

(duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

None (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_

**19. WAS THERE AN AUTOPSY?**

No

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) H. J. Taylor, M. D.

(Address) Jefferson City 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**

**DATE OF BURIAL**

Gas mo.

Sept 28 1928

**20. UNDERTAKER**

**ADDRESS**

Gather

WRITE PLAINLY, WITH UNFADING PERMANENT RECORD

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.

PLANNING RECORD  
[REDACTED] THE DIRECTOR  
Information should be carefully applied.  
It may be proper to check the records.

S-30039

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Boone

Registration District No. 213

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 3014

Registered No. 234

City J. City (No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

**2. FULL NAME**

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) s

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 27-28

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or min. 2 hrs.

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER Substant Eikens

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

12. MAIDEN NAME OF MOTHER Anna Brown

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

14. INFORMANT Louis J. Eikens  
(Address)

15. FILED 11-3-28 L. Eikens REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 27 1928

I HEREBY CERTIFY That I attended deceased from Sept 27 1928 to Sept 28 1928 that I last saw him alive on Sept 27 1928, and that death occurred, on the date stated above, at 4 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Premature Birth  
lived a few hours.

CONTRIBUTORY (SECONDARY) none  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physician  
(Signed) R. N. Taylor M. D.  
9-28-28 (Address) Jefferson City 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 Jeas Cem DATE OF BURIAL Sept 28 28

20. UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

