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

Do not use this space.

6084

1. PLACE OF DEATH
County Gasconade Registration District No. 303
Township Roark Primary Registration District No. 5470
City ..... (No. ..... St. ..... Ward)
File No. .....
Registered No. .....

2. FULL NAME Marion Orville Eitermann

(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.

MAR 22 1929

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.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 19-1929

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work /
(b) General nature of industry, business, or establishment in which employed (or employer) /
(c) Name of employer /

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

PARENTS

10. NAME OF FATHER Frank Eitermann
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hermann Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Esther Pohlmann
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Woolam Mo
(STATE OR COUNTRY)

14. INFORMANT Frank Eitermann
(Address)

15. FILED 2-27, 1929 Anna Kirchhoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby 26th 1929

17. I HEREBY CERTIFY, That I attended deceased from Feby 7th, 1929, to Feby 26th, 1929, that I last saw h... alive on Feby 25th, 1929, and that death occurred, on the date stated above, at 1:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchitis
8
107A (duration) ..... yrs. ..... mos. 4 ds.
CONTRIBUTORY (SECONDARY) Bronchial Pneumonia
(duration) ..... yrs. ..... mos. 2 ds.

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? Clinical Diagnosis

(Signed) Jos. H. Bach, M. D
Feby 27, 1929 (Address) Jos. H. Bach MD

*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
Hermann City Cemetary	3/2/ 1929
20. UNDERTAKER	ADDRESS
Edw. Rudiger	Hermann Mo.