

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

Do not use this space.

21612  
2752

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township W. 1st Primary Registration District No. \_\_\_\_\_  
 City R. C. Mo. (No. Evans General Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 399  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Adolph G. Eyrgh  
 (a) Residence. No. 2nd Street, Mo. 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 Male  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary A. Eyrgh  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov - 9 - 1867  
 7. AGE YEARS MONTHS DAYS 62 2 12  
 LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Tailor  
 (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) Norway  
 10. NAME OF FATHER Christian Eyrgh  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Norway  
 12. MAIDEN NAME OF MOTHER No Record  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No Record

14. INFORMANT Mary A. Eyrgh  
 (Address) Craftsview, Mo.  
 15. FILED 6-22-29 M. M. Crane REGISTRAR  
at

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21 - 1929  
 17. I HEREBY CERTIFY, That I attended deceased from June 14, 1929 to June 21, 1929  
 that I last saw him alive on June 20, 1929, and that death occurred, on the date stated above, at 8:30, AM, m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
34 Mitral Stenosis  
1226  
020 (duration) yrs. mos. ds.  
 CONTRIBUTORY Scrofula hemia & Intestinal  
of Omerlin) Home (SECONDARY) (duration) yrs. mos. ds. 59

18. WHERE THE DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? 46 DATE OF June 14 1929  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS Laboratory & Examination  
 (Signed) Wm E. Coarner M. D.  
422 1929 (Address) 308 Argyle Bldg

\*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 Memorial Park DATE OF BURIAL July 24, 29  
 20. UNDERTAKER Mrs. C. L. Foster ADDRESS R. C. Mo.

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.

PARENTS  
 24  
 25  
 26  
 27  
 28  
 29  
 30

RECEIVED

307 aryls