

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

Do not use this space.

28395

1. PLACE OF DEATH

County Moniteau
Township Burris Fork
City..... (No.....)..... St..... Ward.....

Registration District No. 214
Primary Registration District No. 5774B

File No.....
Registered No. 23

2. FULL NAME Maria Eberhart

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William C. Eberhart

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 5th 1852

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-------|--------|------|----------------------------------|
| | 76 | 10 | 20 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) McGirk Mo.
(STATE OR COUNTRY) Moniteau Co

10. NAME OF FATHER Abraham Collet

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont Know
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Dont Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont Know
(STATE OR COUNTRY) Dont Know

14. INFORMANT David Eberhart
(Address) Russellville Mo.

15. FILED 8-26-29 Hugh L. Collet
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 25th 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug. 2nd 1929, to Aug. 25th 1929 that I last saw h. er... alive on Aug. 20th 1929, and that death occurred, on the date stated above, at 5.15 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis

CONTRIBUTORY (SECONDARY) 90B
(duration) 6 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY.....
WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) C. S. Glover, M. D.

8-26-29 (Address) Russellville 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 Enloe Cemetry DATE OF BURIAL Aug. 27th 1929

20. UNDERTAKER G. N. Steffens ADDRESS Russellville 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.

68

25 1929

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PARENTS

Mo.

