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

Do not use this space.

39343

File No. .....

Registered No. 57

1. PLACE OF DEATH

County Scotland

Township .....

City Memphis (No. ..... St. ..... Ward)

Registration District No. 810

Primary Registration District No. 4488

2. FULL NAME John Crittenden Eckel

(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.

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 Rosamond May Eckel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16 1848

7. AGE: Years 81 | Months 4 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Glasgow
(STATE OR COUNTRY) Ky

PARENTS

10. NAME OF FATHER Geo W. Eckel

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

12. MAIDEN NAME OF MOTHER Pebbles

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

14. INFORMANT Edward M. Eckel
(Address) Memphis Mo

15. FILED 11/23/1929 E. E. Garrish
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 13 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 1 1929 to Nov 13, 1929 that I last saw him alive on Nov 13, 1929, and that death occurred, on the date stated above, at 5:00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Meningitis
TBS
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Cause Day
(duration) yrs. mos. 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? Physician

(Signed) E. E. Garrish, M. D.

11/15, 1929 (Address) Memphis 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 Memphis cemetery | DATE OF BURIAL 11/16/1929

20. UNDERTAKER W. Payne & Son | ADDRESS Memphis

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.