

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

Do not use this space.

732

1. PLACE OF DEATH

County Wassonade
Township Roan
City (No.) (St.) (Ward)

Registration District No. 303
Primary Registration District No. 5420

File No.
Registered No.

2. FULL NAME

Anton Etykorn
(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? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORGED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 17 1879
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 5 20

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

9. BIRTHPLACE (CITY OR TOWN) Stanford, Baden
(STATE OR COUNTRY) Germany

10. NAME OF FATHER Johann Etykorn

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

12. MAIDEN NAME OF MOTHER Maria Kachler

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

14. INFORMANT Franz Etykorn
(Address) Herrmann Mo

15. FILED 1-2 1930 Anna Kieckhoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3
16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 1 1930
17. I HEREBY CERTIFY, That I attended deceased from July 1, 1929, to Jan 1, 1930 that I last saw him alive on Dec 30th, 1929, and that death occurred, on the date stated above, at 11 2 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Endocarditis
1929
92 A
27 97 (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Enlargement of liver
arterial Sclerosis (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at place of death
IF NOT AT PLACE OF DEATH same
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? General diagnosis
(Signed) St. J. Rickhoff, M. D.
, 19 (Address) Herrmann 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 St. George's Catholic Cemetery DATE OF BURIAL 1/3 1930

20. UNDERTAKER Herrman Blumer ADDRESS Herrmann 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.

FEB 18 1930

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