

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.

Dr. Spencer
APR 23 1930

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St. Joseph

Primary Registration District No. 1001

City St. Joseph

(No. 9th, Methodist)

File No. 7847
Registered No. 394
St. _____ Ward _____

2. FULL NAME

Oliver Ecker
Tarkio Mo.

(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

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

May 7 - 1927

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
2	10	21	

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)

Elmo Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Roy Ecker

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Elmo Mo.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Edna James

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Kansas City Mo.

(STATE OR COUNTRY)

14. INFORMANT

Roy Ecker
Tarkio Mo.

15. FILED

APR 28 1930
John G. Galt
REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

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

Mar 28 1930

17.

I HEREBY CERTIFY, That I attended deceased from 3-26-30, 1930, to 3-28-30, 1930, that I last saw him alive on 3-28-30, 1930, and that death occurred, on the date stated above, at 12:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Bronchial

121A

129

107A

CONTRIBUTORS (SECONDARY)

General Practitioner
Hospital Physician
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED?

NOT AT PLACE OF DEATH. Tarkio Mo.

DIAGNOSIS PRECEDE DEATH

DATE OF 3-26-30

WHAT TEST CONFIRMED DIAGNOSIS?

clinical-operative
(Signed) Floyd H. Spencer, M.D.
3-28, 1930 (Address) P.O. Box 107

*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

College Springs Ia

DATE OF BURIAL

Mar 29 1930

20. UNDERTAKER

Heeman Funeral Home

ADDRESS

1946 Colburn

