

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.

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

5119

1. PLACE OF DEATH
 County Franklin Registration District No. 297
 Township Washington Primary Registration District No. 3016
 City Washington (No. St. Ward)

2. FULL NAME John Dietrich Eilers
 (a) Residence. No. James Street St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	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 Helen Rippen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 15, 1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	80	11	20	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired Farmer
 (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) Germany *11*

PARENTS	10. NAME OF FATHER <u>John D. Eilers</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	12. MAIDEN NAME OF MOTHER <u>Anna Wittenberg</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>

14. INFORMANT Ed. Eilers
 (Address) James St., Washington, Mo.

15. FILED Feb. 6, 31 O. L. Muench
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 5 19 31

17. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 19 31, to Feb. 5, 19 31, that I last saw him alive on Feb. 5, 19 31, and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Asthma

112

(duration) 2 yrs. mos. ds.

CONTRIBUTORY Don't know
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Place of death 1
 DID AN OPERATION PRECEDE DEATH? No DATE OF
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? No

(Signed) J. D. Manupia M. D.
Feb. 6, 1931 (Address) Washington 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 <u>Mantel's Cemetery</u> <u>R.F.D. Washington, Mo.</u>	DATE OF BURIAL <u>2/8</u> 19 <u>31</u>
20. UNDERTAKER <u>Otto & Co., Washington, Mo.</u>	ADDRESS

