

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

Do not use this space.

13769

1. PLACE OF DEATH

37 County Dacotah
Township Boerf
City Boerf (No.)

Registration District No. 306
Primary Registration District No. 5424

File No.
Registered No. 9
St. Ward

2. FULL NAME

Phillip Henry Ebker Sr.
(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. 0 mos. 4 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 Sophia Ebker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 11/1857

7. AGE YEARS 74 MONTHS 0 DAYS 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation all his life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Drake, Mo.

13. NAME Phillip Ebker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Dorathe Fraum

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT William F. Ebker (ADDRESS) Swiss, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Drake, Mo. DATE Apr. 18, 1931

19. UNDERTAKER J. F. Datterstrom (ADDRESS) Ingersville, Mo.

20. FILED 4-16-1931 John Engelbrecht Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr. 12, 1931, to Apr. 15, 1931. I last saw him alive on Apr. 14, 1931. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

Sclerosis of the
arteries
into
124 B
Other contributory causes of importance:

Name of operation none Date of operation
What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) John Engelbrecht, M. D.
(Address) Stacy, Mo.

N. B.—Every item of information should be carefully supplied. If not known, so state. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

MAY 23 1931

