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

Do not use this space.

36976

File No.

Registered No. 55

1. PLACE OF DEATH
County Jascanade Registration District No. 305
Township Camaan Primary Registration District No. 5422
City (No. St. Ward)

2. FULL NAME Clara Luise Eikermann

(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.

NOV 24 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of Henry Eikermann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1 1884

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
47	8	21	

OCCUPATION

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Swiss Mo

FATHER

13. NAME Fritz D. Haeffner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Swiss Mo

MOTHER

15. MAIDEN NAME Luise Woelmer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT (ADDRESS) Mrs Albert Meade Owensville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pershing, Mo, DATE 9-24-1931

19. UNDERTAKER (ADDRESS) W F Gottenstroeter Owensville Mo

20. FILED 9-26, 1931 J. J. Ferrell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Monday 9-21, 1931, to 9-22, 1931

I last saw her alive on 9-22, 1931. Death is said to have occurred on the date stated above, at 9 a.m.

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

	Date of onset
obstruction of bowels	9-21-31
= Volvulus =	
1223	
1182	
1202	

Other contributory causes of importance:

acute Gastritis	9-21-31

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — 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 —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) Joseph W. Mills, M. D.

(Address) Owensville Mo