

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 21 1932

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

Do not use this space.

3640

**1. PLACE OF DEATH**

2 County Andrew Registration District No. 13  
 Township Nodaway Primary Registration District No. 5016  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 8

**2. FULL NAME**

Martin Eisenminger  
 (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 Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed 1858  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24 1858  
 7. AGE YEARS 73 MONTHS 1 DAYS 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer  
 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) Nodaway Mo.  
 13. NAME James Eisenminger  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
 15. MAIDEN NAME un known  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) un known  
 17. INFORMANT Ben Holt (ADDRESS) Savannah Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah DATE 27-20-1932  
 19. UNDERTAKER E. G. Breit (ADDRESS) Savannah Mo  
 20. REGISTRAR W. J. J. J. J. J.

**MEDICAL CERTIFICATE OF DEATH**

2. DATE OF DEATH (MONTH, DAY, AND YEAR) February 15, 1932  
 22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1931, to Feb 15 1932  
 I last saw him alive on Feb 14 1932 Death is said to have occurred on the date stated above, at 12:20 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Mitral Insufficiency  
Arterio sclerosis  
 Other contributory causes of importance \_\_\_\_\_  
 Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physic 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) W. J. J. J. J., M. D.  
 (Address) Savannah, Mo.

Date of onset  
8-17-31

