

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

Do not use this space.

1. PLACE OF DEATH

26 County Cole
Township Liberty
City of (No. _____)

Registration District No. 215
Primary Registration District No. 5295

File No. 4142
Registered No. 27
St. _____ Ward _____

2. FULL NAME

Mary Elizabeth Eiken

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 22 - 1864</u>		
7. AGE	YEARS	MONTHS
	<u>67</u>	<u>8</u>
		DAYS
		<u>16</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	
	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) <u>Paos Mo. 1</u>		
FATHER	13. NAME <u>J. E. Eiken</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany 10</u>	
MOTHER	15. MAIDEN NAME <u>Adelaide Wolken</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Mr. Steganski Paos Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Paos, Mo.</u> DATE <u>2-9-1932</u>		
19. UNDERTAKER <u>Chas. P. Steirichs J. B. Mo.</u>		
20. FILED <u>2/8/1932</u> <u>Dr. Buford</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7-1932

22. I HEREBY CERTIFY That I attended deceased from Jan 25 1932, to Feb 7 1932
I last saw her alive on Feb 6 1932 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:
Bronch. Lobar pneumonia (unilateral)
Date of onset 1/10

Other contributory causes of importance: 108 (1)

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) L. J. Meyer M. D.
(Address) Jefferson City Mo

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 23 1932

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cole Registration District No. 215- File No. _____
Township Liberty Primary Registration District No. 5295- Registered No. 27
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Mary Elizabeth Eiken
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 8 15

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

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) Tass mo

13. NAME Thos Eiken

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

15. MAIDEN NAME Delia Walker

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

17. INFORMANT (ADDRESS) Mr. St. ... Tass mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Tass mo DATE 2/19 1932

19. UNDERTAKER (ADDRESS) Chas. P. ...

20. FILED 3-5-32 1932 J. F. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/7 - 1932

I HEREBY CERTIFY, That I attended deceased from Jan 25 1932 to Feb 7 1932

I last saw her alive on Feb 6 1932 Death is said to have occurred on the 7th at 9 a.m.

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

Lobar Pneumonia (unilateral) Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

25. 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? _____

If so, specify _____

(Signed) L. St. Meyer, M. D.

(Address) Jefferson City mo.

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S. 4143