

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

Do not use this space.

25499

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1. PLACE OF DEATH

County Carroll
Township Washington
City St Joseph

Registration District No. 1001
Primary Registration District No. State Hospital # 2

File No. _____
Registered No. 346
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Lovannah Mo R # 4 St., _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 7 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</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>Dec 17, 1893</u>		
7. AGE	YEARS <u>39</u>	MONTHS <u>8</u>
		DAYS <u>12</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>Farmer</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) <u>1931</u>	
	11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unkn Mo 31</u>		
FATHER	13. NAME <u>John F Hecker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York State unknown</u>	
	15. MAIDEN NAME <u>Nancy Jane Eckhart</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Indiana</u>	
	17. INFORMANT (ADDRESS) <u>W. B. Hecker, St Joseph Mo R # 4</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>State Hospital # 2 Sept. 3rd 1932</u>		
19. UNDERTAKER (ADDRESS) <u>E. P. Eidenbader, 102 S. 4th St.</u>		
20. FILED <u>9-3</u> 19 <u>32</u> <u>John R. Bender</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29th 1932

22. I HEREBY CERTIFY, That I attended deceased from January 7th 1931, to Aug 29th 1932. I last saw him alive on Aug 28th 1932. Death is said to have occurred on the date stated above, at 7:30 A. m.
The principal cause of death and related causes of importance were as follows:
Epilepsy
Other contributory causes of importance: (1)

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) J. R. Bender, M. D.
(Address) State Hosp # 2

WRITE PAINLY, WITH DARK INK, REVERSED TO 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.

SEP 21 1932

U. S. NO. 2

