

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.

JUN 21 1933

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

Do not use this space.

1. PLACE OF DEATH

County Chariton
Township Chariton
City..... (No.....)

Registration District No. 175
Primary Registration District No. 5248

File No. 15981
Registered No. 27
St. _____ Ward _____

2. FULL NAME Anne Eberhardt

(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 75 yrs. mos. ds. How long in U. S., if of foreign birth? 75 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (husband of OR) WIFE OF <u>Nicholas Eberhardt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 25 1852</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>3</u>
	DAYS <u>11</u>	IF LESS THAN 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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	

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1933
22. I HEREBY CERTIFY, That I attended deceased from 5-6, 1933, to 5-6, 1933.
I last saw him alive on 5-6, 1933. Death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

Heart trouble
myocarditis
130
930
140
Other contributory causes of importance:
hypertension
920

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	13. NAME <u>Charles Eberling</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>unborn</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	17. INFORMANT (ADDRESS) <u>Henry Eberhardt</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Salon cemetery</u> DATE <u>May 8</u> , 19 <u>33</u>
	19. UNDERTAKER (ADDRESS) <u>Wendover A. Audley</u> <u>St. Louis</u>
	20. FILED <u>5-8</u> , 19 <u>33</u> <u>Walter H. ...</u> Registrar.

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?
If so, specify _____
(Signed) W. P. Kitchner, M. D.
(Address) St. Louis Mo.

