

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

Do not use this space.

1. PLACE OF DEATH

County Saline Registration District No. 801
 Township Salt Pond Primary Registration District No. 4480
 City Sweet Springs St. _____ Ward _____

File No. 18613
 Registered No. _____

2. FULL NAME

(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 40 yrs. mos. 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Meta Eisen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 1, 1857</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>11</u>
	DAYS <u>9</u>	IF LESS than 1 day, hrs. or min. <u>5</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. <u>Wood Worker</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Mechanic</u>	
	10. Date deceased last worked at this occupation (month and year) <u>April 1933</u>	11. Total time (years) spent in this occupation. <u>60 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
FATHER	13. NAME <u>Friedrich Eisen</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Katherine Bunk</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Mrs Meta Eisen</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fair View</u> DATE <u>May 12, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>J. E. Carter Sweet Springs Mo</u>		
20. FILED <u>5/12/33</u> <u>A. H. Blingen</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1933

2. I HEREBY CERTIFY, That I attended deceased from April 24, 1933 to May 10, 1933
 I last saw him alive on May 9, 1933 Death is said to have occurred on the date stated above, at 2 P. M.
 The principal cause of death and related causes of importance were as follows:
Resistant to Chronic Date of onset Unknown
908

Other contributory causes of importance _____

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? Yes
 If so, specify _____
 (Signed) Chas. H. Carter, M. D.
 (Address) Sweet Springs

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 24 1933

