

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

Do not use this space.

**1. PLACE OF DEATH**

County Johnson  
Township  
City Warrensburg (No. ....)

Registration District No. 431  
Primary Registration District No. 3023

File No. 30057  
Registered No. ....  
St. .... Ward)

**2. FULL NAME** Hattie Eichhorn

(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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OR (OR) WIFE OF <u>J. M. Eichhorn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 12 - 1862</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>2</u>
	DAYS <u>29</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>Housekeeper</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>Maywood Mo</u>		
MOTHER	13. NAME <u>Chas. West</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u>	
17. INFORMANT (ADDRESS) <u>J. M. Eichhorn Warrensburg, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sumner Hill</u> DATE <u>Sep - 13</u> , 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Sweeney, Phillips Warrensburg, Mo.</u>		
20. FILED <u>Sept 14</u> , 19 <u>33</u> <u>W. G. Ballinger</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep - 11, 1933

22. HEREBY CERTIFY, That I attended deceased from Sept 1, 1933, to Sept 11, 1933.  
I last saw her alive on Sept 11, 1933. Death is said to have occurred on the date stated above, at 10:40 a.m.

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

Bilateral Lobar Pneumonia Date of onset Sept 1  
Diabetes Mellitus

Other contributory causes of importance:

Name of operation None Date of .....  
What test confirmed diagnosis? ..... 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) John A. Forner M. D.  
(Address) Warrensburg Mo

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.

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