

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County Pittis

Registration District No. 668

Township Sedalia Mo.

Primary Registration District No. 3092

City Sedalia Mo. (No. Bothwell Hosp)

File No. 140

Registered No. 668

St. _____

Ward) _____

2. FULL NAME

(a) Residence. No. Lincoln Mo. 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

M.

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Ella M. Eckhoff

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

July 2, 1893

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.

40

9

19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

Farmer.

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Lincoln Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Henry F. Wenig

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Lincoln

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Carrie Rohminger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Lincoln

(STATE OR COUNTRY)

Mo.

14.

INFORMANT

(Address)

Ella M. Wenig

Lincoln Mo.

15.

FILED

4-23, 1934

Jean Slack

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

4-21

1934

17.

I HEREBY CERTIFY, That I attended deceased from 3-8

1934, to 4-21, 1934

that I last saw him alive on 4-21, 1934, and that
death occurred, on the date stated above, at _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Liver abscesses

CONTRIBUTORY
(SECONDARY)

appendicitis

(duration)

yrs.

mos.

ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes

DATE OF

3/8 34

WAS THERE AN AUTOPSY? not

WHAT TEST CONFIRMED DIAGNOSIS?

Chemical symptoms

(Signed)

Dr. J. B. Calbert, M. D.

, 1934 (Address)

Sedalia Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state
(1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or
HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Lincoln Lutheran Home

April 22, 1934

20. UNDERTAKER

ADDRESS

J. B. Calbert, Lincoln 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.

DEC 7 1955