

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

Do not use this space.

1. PLACE OF DEATH

County Bettler Registration District No. 89

Township _____ Primary Registration District No. 3007

City Poplar Bluff (No. Poplar Bluff 7250 - St. _____ Ward)

JAN 10 1935

✓
File No. 42133
Registered No. 270

2. FULL NAME

(a) Residence, No. W.M. M. Eckelkamp - 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR WIFE OF W.M. M. Eckelkamp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 02-21-1896

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
38 6 3

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Highway const.

10. Date deceased last worked at this occupation (month and year) 12-22-34

11. Total time (years) spent in this occupation known

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Co Iowa

13. NAME Dias Eckelkamp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Emila

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Leon A. Wasson

18. BURIAL, CREMATION, OR REMOVAL PLACE Stentey Ave DATE 12-26-34

19. UNDERTAKER (ADDRESS) F. S. & W. Co

20. FILED 1/26 1935 J. C. C. C. C. Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-24-1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on _____, 19____. Death is said

to have occurred on the date stated above, at 4:45 P.M.

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

Integral hemorrhage abdomen + chest
3:10 PM
10:30

Date of onset

12/24

34

Other contributory causes of importance:

Auto accident

Name of operation _____ 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? ACCIDENT Date of injury 12-24-1934

Where did injury occur? Near Elsinore 2 mi

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Public Place

Manner of injury Crushed chest + abdomen

Nature of injury Internal hemorrhages

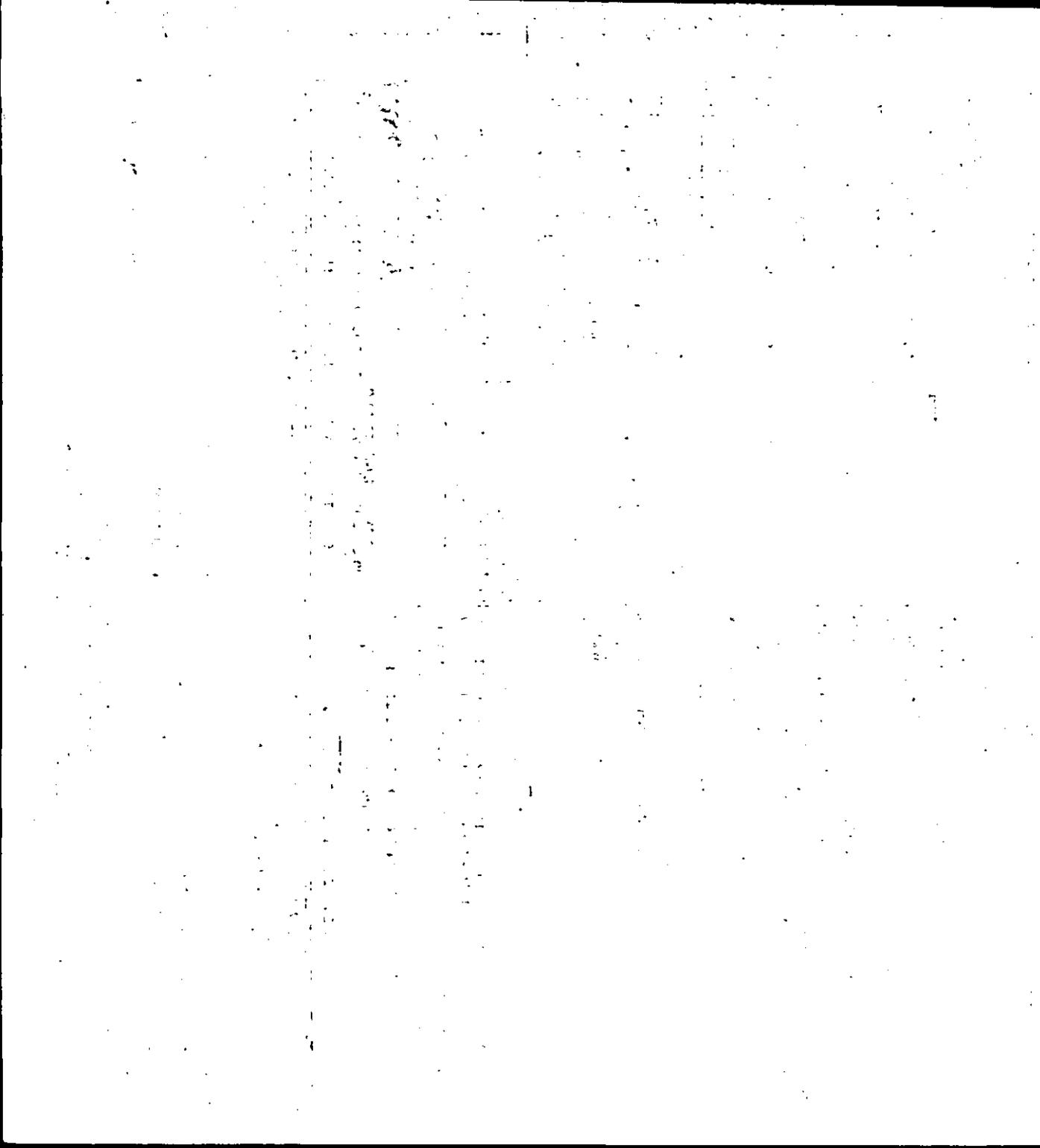
24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Richard H. Wadels

(Address) Poplar Bluff

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Budler

Registration District No. 89

File No.

Township Poplar Bluff

Primary Registration District No. 3097

Registered No. 270

City Poplar Bluff

(No. Poplar Bluff Hoop St. Ward)

2. FULL NAME

Wm. M. Geibelkamp

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24, 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

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

I last saw h..... alive on, 19..... Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, specify hour or min. 38 6 3

to have occurred on the date stated above, at..... m.

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc.
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) Total time (years) spent in this occupation.....

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

Internal hemorrhage abdomen & chest Date of onset

auto accident 12-24-34

Other contributory causes of importance:

Riding in car that turned over

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 4/1, 1935 O. C. Cutsinger Registrar.

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Richard Reynolds coroner (Address) Poplar Bluff

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

REGISTRATION STATEMENT OF OCCUPATION IS VERY IMPORTANT.

S-42133