

FEB 27 1935

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

Do not use this space.

2162

1. PLACE OF DEATH

County MONROE Registration District No. 582
Township JACKSON Primary Registration District No. 5779
City (No. St. Ward)

2. FULL NAME

DONALD ELDER ECKMAN

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. 2 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
15 2 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT SCHOOL

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) MONROE Co. Mo.

13. NAME SIDNEY S. ECKMAN

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

15. MAIDEN NAME LEOTA SCHWENDIG

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

17. INFORMANT S. S. ECKMAN (ADDRESS) PARIS, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE WALNUT GROVE DATE 1/23/35

19. UNDERTAKER SPEED + BLAKEY (ADDRESS) PARIS, MO.

20. FILED 1/22 1935 H. A. Payne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 21, 1935

22. I HEREBY CERTIFY That I attended deceased from Jan. 17, 1935 to Jan 21, 1935.
I last saw h. him alive on Jan 21, 1935. Death is said

to have occurred on the date stated above, at 10:30 P.M.

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

Acute nephritis with congestive failure Date of onset Jan 16/35
Suppurative pneumonia Cardiac insufficiency

Other contributory causes of importance:

None knownName of operation None Date of operation NoneWhat test confirmed diagnosis? None 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) H. A. Payne, M. D.(Address) PARIS, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

