

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.

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

Do not use this space.

MAY 20 1935

12810

1. PLACE OF DEATH

County Adair  
Township Liberty  
City Kirkville (No. 8)

Registration District No. 978  
Primary Registration District No. 5008

File No. \_\_\_\_\_  
Registered No. 7  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Abraham L. Eitel

(a) Residence, No. 1201 S. Boundary 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, 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) March 1 1862

7. AGE YEARS 73 MONTHS 1 DAYS 25 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Truckster

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) Sept. 1934 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) RR Kirkville (STATE OR COUNTRY) Missouri

13. NAME Christopher Eitel

14. BIRTHPLACE (CITY OR TOWN) Fairfield County (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Catherine Etzel

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

17. INFORMANT (ADDRESS) E. M. Mumm Novinger, Mo. RR #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Pratt Cemetery DATE 4/25/35 19.

19. UNDERTAKER Davis & Wilson (ADDRESS) Kirkville, Mo.

20. FILED May 1 1935 Ruth Novinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/24 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/16 1935 to 4/24 1935

I last saw him alive on 4/16 1935 Death is said to have occurred on the date stated above, at 2:30 a.m.

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

Angina Pectoris Date of onset \_\_\_\_\_

Other contributory causes of importance: gita

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) E. M. Mumm, M. D.

(Address) Novinger

