

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.

FEB 17 1936

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

Do not use this space.

296

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph

Registration District No. _____
Primary Registration District No. 101
Dr. Byrds Sanitarium

File No. _____
Registered No. 95
St. _____ Ward)

2. FULL NAME Mary Eiberger

(a) Residence, No. _____ St., _____ Ward. Stanberry, Mo.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) July 26, 1914

7. AGE YEARS 21 MONTHS 5 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) Feb. 1936 11. Total time (years) spent in this occupation _____

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

MOTHER FATHER 13. NAME John Eiberger

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

15. MAIDEN NAME Maud Dieter

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

17. INFORMANT Carl Keen
(ADDRESS) Stanberry, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stanberry, Mo. DATE Jan. 24, 1936

19. UNDERTAKER Clark Mortuary
(ADDRESS) 6025 King Hill Ave.

20. FILED 1-25 19 36 John W. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1936 to Jan 24 1936
I last saw her alive on Jan 20 1936. Death is said to have occurred on the date stated above, at 1:25 P.

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

Endo Carcinoma Date of onset 1-10-36

Other contributory causes of importance:

Acute Myocardial Depression 1-1-36

Name of operation none Date of _____
What test confirmed diagnosis? Chemical 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) Charles F. Bond _____, M. D.
(Address) St. Joseph, Mo.

11

59

ALB. 1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900