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 18 1936

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

Do not use this space.

615

1. PLACE OF DEATH

County Clay — Registration District No. 197 — File No.

Township Gallatin — Primary Registration District No. 5276 — Registered No.

City ..... (No. Silver Fox Ranch St. ..... Ward)

2. FULL NAME Joseph M. Eldringhoff

(a) Residence, No. 5621 Chestnut St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Ma.
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 21st. 1870

7. AGE — YEARS: 65 — MONTHS: 4 — DAYS: 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silver Fox Ranch
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) Missouri

FATHER

13. NAME No Data
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

MOTHER

15. MAIDEN NAME No Data
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT (ADDRESS) Herbert Eldringhoff Hickman Mill Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mary's Cem. DATE 1/9/36 19

19. UNDERTAKER (ADDRESS) W. F. Mayberry City

20. FILED Jan. 7, 1936 Viola C. Moyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 6, 1936

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 ..... m.

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

Chronic Endocarditis — Date of onset

Other contributory causes of importance: Dont Know of any

Name of operation no — Date of no

What test confirmed diagnosis? no — 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? .....

If so, specify .....

(Signed) Catherine Nysong Coroner

(Address) Clay Co Mo Liberty Mo

Miss Mayer
Claycomb
RR # 2 Liberty Mo

Mrs Amos