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.

APR 16 1936

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

Do not use this space.

9909

1. PLACE OF DEATH
County Cooper — Registration District No. 223 — File No.
Township Clear Creek — Primary Registration District No. 4136 — Registered No. 38
City Pleasant Green (No. ..... St. ..... Ward)

2. FULL NAME Adolph Christian Eichhorn
(a) Residence, No. Pleasant Green Mo. (Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Johanna Eichhorn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-22-1848
7. AGE YEARS 87 MONTHS 4 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Jan 15-36
11. Total time (years) spent in this occupation 70.

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

FATHER
13. NAME Adolph Julius Eichhorn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Germany

MOTHER
15. MAIDEN NAME Maren Anna Raalen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Erondhaen Norway

17. INFORMANT (ADDRESS) Waldimer Eichhorn Pleasant Green, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Wesley Chapel Cem. DATE 3-5 1936
19. UNDERTAKER (ADDRESS) Hays & Stoecklein Pilot Grove, Mo
20. FILED 3/5 1936 H. B. Kirchner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4th, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1936, to March 4th, 1936
I last saw him alive on March 3rd, 1936 Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis - Senility	Not known

Other contributory causes of importance: Slight Cold

Name of operation No. Date of
What test confirmed diagnosis? Clinical 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) Chas Sandy, M. D.
(Address) Pilot Grove Mo