

MAY 20 1936

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

Do not use this space.

14751

1. PLACE OF DEATH

County, Jacobs Registration District No. 303
Township, _____ Primary Registration District No. 41823
City, Herrman (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Christ Eberlin

(a) Residence, No. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Euseb Eberlin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 19-1849</u>		
7. AGE	YEARS <u>87</u>	MONTHS _____
	DAYS <u>18</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Merchant</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Herrman Mo</u>	
	13. NAME <u>Christian Eberlin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Christina Weidmann</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	17. INFORMANT <u>Geo. C. Eberlin</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Herrman Mo</u> DATE <u>Apr. 10 1936</u>		
19. UNDERTAKER (ADDRESS) <u>W. A. Ruediger</u>		
20. FILED <u>4-7 1936</u> <u>Anna K. Rickhoff</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1928, to Apr. 7, 1936
I last saw him alive on Apr. 7, 1936. Death is said to have occurred on the date stated above, at 3:05 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage causing paralysis of respiratory center
9202
Other contributory causes of importance:
Asteroid sclerosis
Chronic endocarditis
Date of onset 4/7/36

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) W. A. Peter, M.D. M.D.
(Address) Herrman, 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.

WHITE-CRUMMET WITH ON-FADING INK—THIS IS A PERMANENT RECORD

