

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 1936

14757

1. PLACE OF DEATH

County LinnRegistration District No. 305Township OsagePrimary Registration District No. 41848-422City Owensville, Mo.

St. _____ Ward _____

2. FULL NAME

(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

M

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFHusband of Mary Eicher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 24 - 1856

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, ... hrs.
or min.79925

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Retired Farmer9. 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)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany

FATHER

13. NAME

John Eicher14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany

15. MAIDEN NAME

Margaret Eicher16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany17. INFORMANT
(ADDRESS)Edward Harmon
Owensville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Owensville city county

DATE

4-20

1936

19. UNDERTAKER
(ADDRESS)W. F. Gathumstron
Owensville Mo

20. FILED

5-11

1936

J. T. Ferrell

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

4-18 1936

22. I HEREBY CERTIFY, That I attended deceased from

3-14 1936, to 4-18 1936I last saw him alive on 4-16 1936. Death is saidto have occurred on the date stated above, at 2:00 p. m.

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

acute Cholecystitis &
Emphysema of both Lungs

Date of onset

Other contributory causes of importance:

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) Edw. Miller _____, M. D.(Address) Owensville Mo.

