

AUG 15 1936

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

Do not use this space.

25479

## 1. PLACE OF DEATH

County BentonTownship Williams

City

(No. )

Registration District No. 59Primary Registration District No. 5094

File No.

Registered No. 26

St. Ward

2. FULL NAME Mrs Mary Eckhoff

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Eckhoff6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14th 18767. AGE 60 YEARS 4 MONTHS 16 DAYS If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) 11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) Lafayette Co (STATE OR COUNTRY) Missouri13. NAME Fritz A Griffle14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)15. MAIDEN NAME Amelia Weger16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)17. INFORMANT Henry Eckhoff (ADDRESS) Cole Camp Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Cheese Creek DATE Aug 1st, 193619. UNDERTAKER E L Eickhoff (ADDRESS) Cole Camp Mo20. FILED 7-31-, 1936 Sue Selover Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30th, 193622. I HEREBY CERTIFY, That I attended deceased from 7-23-, 1936, to 7-30-, 1936. I last saw her alive on 7-29-, 1936. Death is said to have occurred on the date stated above, at 4:15 A. m.

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

Captured Gall Bladder Date of onset

Other contributory causes of importance:

Name of operation Cholecystectomy Date of 7-30-36  
What test confirmed diagnosis Cholecystitis Was there an autopsy? no23. 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 injury24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify  
(Signed) D. P. Reser, M. D.  
(Address) Cole Camp Mo



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

Do not use this space.

**1. PLACE OF BIRTH**

County Benton  
Township Williams  
City..... (No..... St..... Ward)

Registration District No. 39  
Primary Registration District No. 3094

File No.....  
Registered No. 26

**2. FULL NAME**

Mrs Mary Eckhoff  
(a) Residence, No..... St..... Ward.....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1936

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

I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

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

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
60 4 16

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....  
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).....  
11. Total time (years) spent in this occupation.....

Other contributory causes of importance:  
Gall Stones

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

13. NAME

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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

15. MAIDEN NAME

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.

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

Manner of injury.....  
Nature of injury.....

20. FILED 7-31- 1936 Geo. Selover Registrar

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) J. S. Reser, M. D.  
(Address) Cole Camp, Mo

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