

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

Do not use this space.

31722

1. PLACE OF DEATH

County Monteau
Township Walder
City California (No. _____) St. _____ (Ward) _____

Registration District No. 571
Primary Registration District No. 4335

File No. _____
Registered No. 61

2. FULL NAME

Mary Eva Eckerle

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 F. C. Eckerle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3-1860

7. AGE YEARS 76 MONTHS 5 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

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 _____

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

13. NAME Steven Fischer

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

15. MAIDEN NAME Gertrude Wattersteden

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

17. INFORMANT F. C. Eckerle (ADDRESS) California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cem. DATE 8/26 19____

19. UNDERTAKER Helliquy & Fred Meyer (ADDRESS) California Mo

20. FILED 8-26 H. R. Popejoy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24 1936

22. I HEREBY CERTIFY, That I attended deceased from July 11 1936, to Aug 24 1936
I last saw h. h. alive on Aug 24 1936. Death is said to have occurred on the date stated above, at 10 p. m.
The principal cause of death and related causes of importance were as follows:

Aterio-sclerosis - multiple
Thrombi - intra cranial
hemorrhage -

Date of onset ca

Other contributory causes of importance: g221

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) J. J. Burke Jr. M. D.
(Address) California, 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.

