

OCT 21 1936

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

Do not use this space.

37290

1. PLACE OF DEATH

County Franklin
Township Bolea
City (No.) (No.) St. Ward)

Registration District No. 293
Primary Registration District No. 5411

File No.
Registered No.

2. FULL NAME August John Eckelkamp

(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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-4, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from death 1935, to Sept. 4, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-27-1880

I last saw him alive on Sept 1, 1936 Death is said to have occurred on the date stated above, at 3.00 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 0 5

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

Tuberculosis Date of onset

OCCUPATION
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. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Other contributory causes of importance:
Arteriosclerosis

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

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

MOTHER FATHER
13. NAME Anton Ecklekamp

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

15. MAIDEN NAME Mary Vondera

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

17. INFORMANT Henry Eckelkamp
(ADDRESS) Bolea, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mary's DATE 10/6 1936

19. UNDERTAKER J. Schum
(ADDRESS)

20. FILED 10-5 1936 J. E. Frost
Registrar.

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. E. Frost, M. D.
(Address) Washington, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Enter statement of cause of death.



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1. PLACE OF DEATH

County Franklin
Township Boles
City..... (No..... St..... Ward)

Registration District No. 293
Primary Registration District No. 5411

File No.....
Registered No.....

2. FULL NAME

August John Eckelkamp

(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

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS 76 MONTHS 0 DAYS 5 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, month and day) spent in this occupation

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 10-5 1936 J. C. Gross Dep Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-4- 1936

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

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

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

Tuberculosis (Pulmonary)
Date of onset

Other contributory causes of importance:
1-11-37
Dr. J. P. Post M.D.

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. Post M. D.
(Address) Washington

SEARCHED

S-37290