

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

FEB 17 1937

890

1. PLACE OF DEATH

37 County Gasconade
Township Richland
City Richland (No. 2)

Registration District No. 304

Primary Registration District No. 5421

File No. 28

Registered No. 28

St. Richland Ward 2

2. FULL NAME

(a) Residence, No. 2 St. Richland Ward 2

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

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

Sept 20 - 1866

7. AGE

70

MONTHS

3

DAYS

29

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Farmer

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)

Bellevue Township, Gasconade Co

FATHER

13. NAME

Herman Eikerman

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

Germany

MOTHER

15. MAIDEN NAME

Henriette Dappie

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

Germany

17. INFORMANT (ADDRESS)

Frank Eikerman

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Berksing

DATE

1-20

1937

19. UNDERTAKER (ADDRESS)

Arnold Blumhardt
Marion

20. FILED

2-17

1937

F. L. Kieker

Registrar.

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

1/18

1937

22. I HEREBY CERTIFY, That I attended deceased from

Sept 1 1936, to Jan 18 1937

I last saw him alive on Jan 16 1937. Death is said to have occurred on the date stated above, at 120 m.

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

Apoplexy

Date of onset

Other contributory causes of importance

Myocarditis

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 no

(Signed)

Howard Horkman, M. D.

(Address)

Herman

