

APR 26 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County St Charles  
Township Dardenn  
City (No. , St. Ward)

Registration District No. 760 B  
Primary Registration District No. 6001

File No. 13222  
Registered No. 16

2. FULL NAME Phillip Ebert

(a) Residence, No. , St. , Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 50 mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

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 Margettea Ebert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March, 22, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
77 11 27

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) Sept, 1930 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany13. NAME Not known14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Not Known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Rudolph Ebert  
(ADDRESS) Hamburg mo18. BURIAL, CREMATION, OR REMOVAL  
PLACE New Nelle DATE 3 6 24 19. 5719. UNDERTAKER Norris Muschany  
(ADDRESS) Hamburg Mo20. FILED Mar 25, 19 E. W. Keithly  
m. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 193722. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1937, to Feb 21, 1937

I last saw him alive on March 8, 1937. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Chronic MyocarditisDiapneOther contributory causes of importance: AsphyxiaDate of onset 2

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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 injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) O. D. Mahan, M. D.(Address) New Nelle 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.

