SEP 15 1937

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

Do not use this space.

30083

1. PLACE OF DEATH
County Boone
Township
City Columbia (No. , St. Ward)
Registration District No. 73
Primary Registration District No. 3006
File No.
Registered No. 181

2. FULL NAME Infant of Mr. & Mrs. Edwin Eckley
(a) Residence, No. 605 N. 7th 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 M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26, 1937
7. AGE YEARS — MONTHS — DAYS — If LESS than 1 day, hrs. or min.

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.
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) Columbia, Mo.

FATHER
13. NAME Edwin Eckley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stephens, Mo.

MOTHER
15. MAIDEN NAME Anna Dell Anderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockport, Mo.

17. INFORMANT (ADDRESS) Edwin Eckley Columbia, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE — DATE —, 19
19. UNDERTAKER (ADDRESS) —
20. FILED 8/12/ 1937 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1937
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 3:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stice born	
Premature	

Other contributory causes of importance:
Do not Parcel

Name of operation No 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? No 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 No
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. P. Dysart, M. D.
(Address) Columbia, Mo.

NB. 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.