

SEP 21 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County PodawayRegistration District No. 626'Township MaryvillePrimary Registration District No. 3031City Maryville (No. ....)St. Mo. Ward)File No. 31366Registered No. 912. FULL NAME Medora Eckert

(a) Residence, No. .... 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

## MEDICAL CERTIFICATE OF DEATH

 3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Eckert6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20 - 1852
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 85 5 11
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Baltimore, Md.13. NAME Cassius Conrad14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lemary15. MAIDEN NAME Christina Ruff

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

17. INFORMANT (ADDRESS) Chas Eckert Maryville18. BURIAL, CREMATION, OR REMOVAL PLACE Oaks Hill DATE Sept 2 193719. UNDERTAKER (ADDRESS) Prime Funeral Home20. FILED Aug 31 1937 Mamie E. Clardy Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31 193722. I HEREBY CERTIFY, That I attended deceased from Aug 20 1937 to Aug 30 1937I last saw him alive on Aug 19 1937 Death is said to have occurred on the date stated above, at 11 m.

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

Endocarditis chronic Date of onset? ADOther contributory causes of importance: Spent time from kidneyName 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. C. ... M. D.(Address) Maryville, Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

