

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

Do not use this space.

399 1

1. PLACE OF DEATH

County Jackson Registration District No. 1002 File No. 1760
 Township 1000 Primary Registration District No. 478
 City Keosau (No. Trinity Lutheran Hosp) St. _____ Ward _____

2. FULL NAME George Ebbert 1163

(a) Residence, No. Salisbury Mo 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 male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20 1907

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 30 1 6

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

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) Mo 0

13. NAME Frederick Ebbert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 0

15. MAIDEN NAME Ida Mae Schneider

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 0

17. INFORMANT Mrs Virginia Ebbert
 (ADDRESS) Salisbury Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Salisbury Mo DATE 1/28 1938

19. UNDERTAKER Stone-McClure Co
 (ADDRESS) Hanson City Mo

20. FILED Jan 28 1938 M. M. Crowe
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1938

22. I HEREBY CERTIFY, that I attended deceased from Jan 10 1938 to Jan 28 1938

Last saw him alive on Jan 25 1938. Death is said to have occurred on the date stated above, at 10 a.m.

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

Acute Nephritis, uraemia, exacerbatd of an chronic nephritis
 Date of onset Jan 3
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Other contributory causes of importance: Pneumonia, Bronchial Asthma

Name of operation _____ Date of _____

What test confirmed diagnosis Indur. Was there an autopsy? Yes

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? No

If so, specify _____

(Signed) Carl G. Lundquist, M. D.

(Address) 106 W 24th St.

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.

RECEIVED

FEB 18 1938

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MO. STATE BOARD OF HEALTH