

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

Do not use this space.

DEC'D JAN 24 1939

43985

1. PLACE OF DEATH

County Osage Registration District No. 1124 File No. 11
Township Washington Primary Registration District No. 5-85-19 Registered No. 11
City (No.) St. Ward

2. FULL NAME

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

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 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 Mathias Echolz
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 17 - 1967
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 11 28

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

13. NAME Frank Spellberg

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

15. MAIDEN NAME Bent Knorr

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

17. INFORMANT Chas. West-Cause
(ADDRESS) Thompson

18. BURIAL, CREMATION, OR REMOVAL PLACE Thompson DATE Dec 17 1938

19. UNDERTAKER Chas. West-Cause
(ADDRESS) Thompson

20. FILED Dec 29 1938 Wes. D. Wuehler
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15 1938

22. I HEREBY CERTIFY That I attended deceased from Nov 2 1937, to Dec 15 1938

I last saw her alive on Dec 11 1938 Death is said to have occurred on the date stated above, at 6 P m.

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

Myocarditis

Date of onset

Other contributory causes of importance:

Endocarditis

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

(Signed) Jos. L. A. Bassett M. D.(Address) Frederick, Mo

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WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT ROULENNA MOORE

50100-5-37 I X12241

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

43985-
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1. PLACE OF DEATH
 (a) County Osage Registration District No. 642
 (b) Township Washington Primary Registration District No. 5851 Registered No.
 (c) City (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sophie Echolz
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED wid (write the word)

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>70</u>	<u>11</u>	<u>26</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)

FATHER

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

MOTHER

15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19..

19. FUNERAL DIRECTOR (ADDRESS)
 20. FILED 19.. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15, 1938

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 .. m.
 The principal cause of death and related causes of importance were as follows:
not listed (chronic) Date of onset 1926
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 Other contributory causes of importance:
Ends Carditis (acute) New 1938

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 (Signed) Joseph A. Beecher, M. D.
 (Address) Freeburg Mo.

SUPPLEMENTARY

