

DEC 18 1939

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

Do not use this space.

1. PLACE OF DEATH

County Caldwell,  
Township Davis,  
City Braymer,

Registration District No. 93  
Primary Registration District No. 4055

File No. 39162  
Registered No. 20

2. FULL NAME

Clyde Vilroy Eichler,

1st.

(a) Residence, No. 4 St. 4 Ward. ---

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 White, 5. ~~MARRIED~~ Married,  
(write the word)

5A. IF MARRIED, Grace Eichler,  
HUSBAND OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-30th.-1882

7. AGE YEARS 57 MONTHS 5 DAYS 5 If LESS than 1 day, .....hrs. or .....min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming,

10. Date deceased last worked at this occupation (month and year) Jan. -1939 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Caldwell County, Mo., (STATE OR COUNTRY)

13. NAME Henry Eichler,

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

15. MAIDEN NAME Mary Jane Oster,

16. BIRTHPLACE (CITY OR TOWN) Caldwell County, (STATE OR COUNTRY) Missouri.

17. INFORMANT M. D. Eichler (ADDRESS) Braymer, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Evangelical Ch. DATE Nov 7<sup>th</sup> 1939

19. UNDERTAKER E. P. Michael (ADDRESS) Braymer, Mo.

20. FILED Nov 7 1939 H. H. Posters Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5 1939, to Nov. 5 1939

I last saw him alive on Nov. 5 1939. Death is said to have occurred on the date stated above, at 1:40 P.m.

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

Coronary Thrombosis

Date of onset unknown

Other contributory causes of importance:  
Mitral Stenosis  
Chronic Interstitial Nephritis  
Secondary Anemia

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? no

If so, specify..... (Signed) John R. Crank, M. D.

(Address) Braymer, Missouri

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  
District Court - Moor No. 707  
District No. 1239-1-244  
Date Filed DEC 15 1939