

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

Do not use this space.

10394

**1. PLACE OF DEATH**  
 County Windsor Registration District No. 14  
 Township Windsor Primary Registration District No. 4311  
 City Windsor (No. 0) St. 11 (Ward)

**2. FULL NAME** Clark Leander Eckstrand  
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX** Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)** Married

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Dec. 24 1960

**7. AGE** YEARS 69 MONTHS 3 DAYS 4 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Fergus County Ill.

**10. NAME OF FATHER** Andrew Eckstrand

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** Sweden

**12. MAIDEN NAME OF MOTHER** Pearson

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** Sweden

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** March 28 1929

**17.** I HEREBY CERTIFY, That I attended deceased from March 11, 1925, to Feb. 14, 1925, that I last saw h. alive on March 14, 1925, and that death occurred, on the date stated above, at 2:00 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Dilatation of Heart  
11 P  
95 B  
 (duration) yrs. mos. da. 8

**CONTRIBUTORY (SECONDARY)** Influenza  
 (duration) yrs. mos. da. 1

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_  
AB

**19. DID AN EPIDEMIC PRECEDE DEATH? (no. DATE OF)** no.  
**20. WAS THERE AN AUTOPSY?** no.

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) J. W. Blackmore, M. D.  
25 19 25 (Address) Windsor Md.

**14. INFORMANT (Address)** Mrs. B. Eckstrand Windsor MD  
**15. DATE OF BURIAL** Mar 29 1929

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Windsor  
**20. UNDERTAKER** W. J. Jennings

**21. DATE OF BURIAL** Mar 29 1929  
**ADDRESS** Windsor Md

REGISTRAR

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.

APR 24 1929



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Henry  
Township Windsor  
City Windsor (No.       )

Registration District No. 14  
Primary Registration District No. 4211

File No. 10394  
Registered No. 11  
St.        Ward       

**2. FULL NAME**

Aleck Sander Ekstrand

(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**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 24 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 X 3 4

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work  
(b) Character, nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

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

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)

FILED Mar 29 1911 Henry REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 - 28 1911

17. I HEREBY CERTIFY, That I attended deceased from        19       to        19      , that I last saw him        alive on        19      , and that death occurred, on the date stated above, at        m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)       , M. D.  
19        (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

20. UNDERTAKER ADDRESS

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN. 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 COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

5-10394

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