

MAR 19 1937

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

Do not use this space.

6019

1. PLACE OF DEATH
 County Henry Registration District No. 347
 Township Clinton Primary Registration District No. 3018
 City Clinton (No. _____) St. _____ Ward _____

2. FULL NAME Wm Eberding
 (a) Residence, No. 342 N Water 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 9 16

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

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) never

11. Total time (years) spent in this occupation

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

FATHER
 13. NAME Yes Martin Eberding
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

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

17. INFORMANT (ADDRESS) Mrs Dora Eberding Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE England DATE 2/20 37

19. UNDERTAKER (ADDRESS) Conover & Peck Clinton Mo

20. FILED 2-22 1937 J. R. Hampton Reg. Dir.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-18 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-14 1937 to 2-18 1937
 I last saw him alive on 2-18 1937 Death is said to have occurred on the date stated above, at 5 P. M.
 The principal cause of death and related causes of importance were as follows:
Cirrhosis of liver 6-1-36
 Other contributory causes of importance:
124B1

Name of operation _____ Date of _____
 What test confirmed diagnosis? physical Was there an autopsy? no

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) E. Durkin M. D.
 (Address) Clinton Mo

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

71284

