

FEB 24 1928

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

Do not use this space.

3629

1. PLACE OF DEATH

County Saline
Township
City Marshall mo (No. Ward)

Registration District No. 796
Primary Registration District No. 30038

File No.
Registered No. 19 (Ward)

2. FULL NAME

Virginia Bell Eckles

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) -

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar, 14 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 10

8. OCCUPATION OF DECEASED

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

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

PARENTS

10. NAME OF FATHER Edgar Eckles

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

12. MAIDEN NAME OF MOTHER Ellen Jeabell (Address) Marshall Mo

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

14. INFORMANT W. H. Meschede (Address) Marshall mo

15. FILED 1/16, 1928 H. Manning REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 2 1928, to Jan 14 1928, that I last saw her alive on Jan 14 1928, and that death occurred, on the date stated above, at 2:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acidosis (acute)
118C
191B

(duration) yrs. mos. ds.
CONTRIBUTORY Toothing & Gastritis (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? lab tests (Signed) Geo. S. Hardin, M. D.

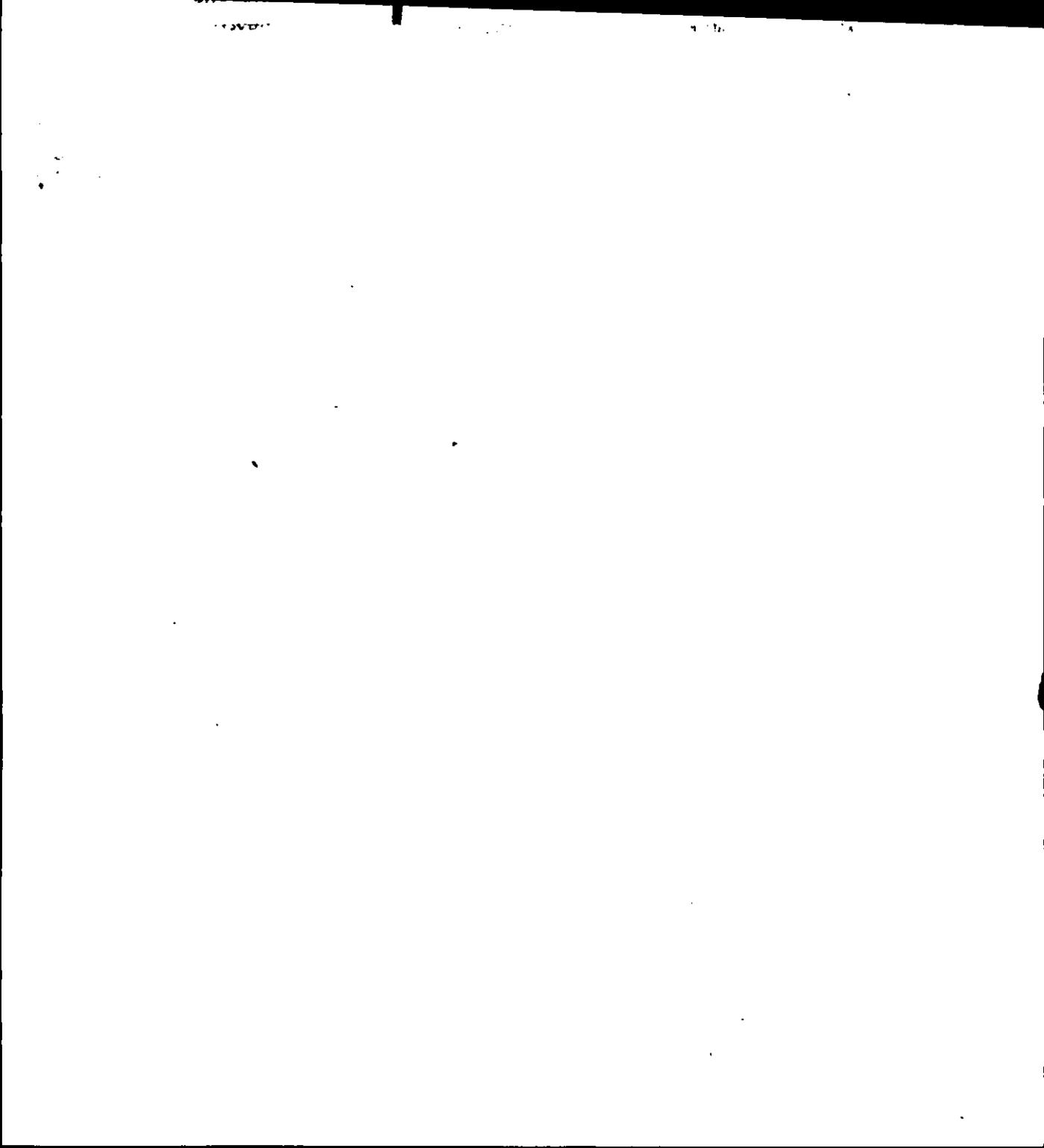
(Address) Marshall Mo

*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 Revice park Cem DATE OF BURIAL 1/16 1928

20. UNDERTAKER Vandiner - Sweeney ADDRESS Marshall mo

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.



**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 Saline Registration District No. 796 File No.
 Township Primary Registration District No. 2028 Registered No. 9
 City Marshall (No.) St. Ward

2. FULL NAME Virginia Bell Eekles

(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) S.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 14 - 1926

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

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work
 (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)

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)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14 1928

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidents acute
unable to find out whether
had a diabetic or
non-diabetic condition (duration) yrs. mos. 12 ds.
 CONTRIBUTORY (SECONDARY) Peething and Gastritis (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.

14. INFORMANT (Address)

15. FILED 3-10-28 19.28 71120 John H. M. Lewis REGISTRAR

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

20. UNDERTAKER Wandiver - Sweeney ADDRESS Marshall

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 COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

609E-5