

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

Do not use this space.
1272

1. PLACE OF DEATH

County... Harrison Registration District No. 3rd
 Township... Opape Primary Registration District No. 5-4-23
 City... Clinton (No.) St. Ward)

File No.
 Registered No.

2. FULL NAME

Louisa Eckhardt
 (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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louisa Eckhardt</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 9, 1850</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>8</u>
	DAY <u>22</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work... <u>House Keeper</u> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer... <u>Louisa Eckhardt</u>		
9. BIRTHPLACE (CITY OR TOWN) <u>Harrison</u> (STATE OR COUNTRY) <u>Miss</u>		
10. NAME OF FATHER <u>Dank Knauer</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Dunk Knauer</u>		
12. MAIDEN NAME OF MOTHER <u>Louisa G...</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Miss</u>		
14. INFORMANT <u>Henny Eckhardt</u> (Address) <u>B...</u>		
15. FILED <u>Feb 29 1929</u> <u>C. D. Taylor, M.D.</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 31 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 31 1929 until last saw him alive on Feb 3 1929, and that death occurred, on the date stated above, at 12:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart failure
152A
Heart failure
Bright's disease

CONTRIBUTORY (SECONDARY) Bright's disease
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? On place of birth

19. DID AN OPERATION PRECEDE DEATH? no DATE OF ...

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
2-4-29 M. H. T. Wells, M. D.
 (Address) Warren 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 Mt Zion Cem. Mt Zion Mo DATE OF BURIAL Feb 1 1929

20. UNDERTAKER Miss E. Wilkerson, Clinton, Mo. ADDRESS

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.

FILED
 FEB 29 1929

23
 31
 8

