

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

Do not use this space.

1877

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township Kear Primary Registration District No. 1002 Registered No. 1770  
 City Kansas City (No. Kansas City Genl Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Eickhoff, Henry

(a) Residence. No. 607 E. 30th St. 3 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** male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** married  
(write the word)

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** February 27-1898

**7. AGE** YEARS 38 MONTHS 11 DAYS 2 If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Laborer with Jenkins Music Co  
 (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)** Missouri

**10. NAME OF FATHER** Henry Eickhoff

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

**12. MAIDEN NAME OF MOTHER** Kate Lucke

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

**14. INFORMANT** Reverend Clerk  
 (Address) Kansas City

**15. FILED** 1-30-29 19\_\_\_\_ M. M. \_\_\_\_\_  
 REGISTRAR

**1 MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 1-29 1929

**17. I HEREBY CERTIFY** That I attended deceased from 1-29 1929 to 1-29 1929 that I last saw him alive on 1-29 1929, and that death occurred, on the date stated above, at 6:55 P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Epidemic Cerebro spinal meningitis

**CONTRIBUTORY (SECONDARY)** 18 (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

**DID AN OPERATION PRECEDE DEATH?** No. DATE OF \_\_\_\_\_

**WAS THERE AN AUTOPSY?** yes

**WHAT TEST CONFIRMED DIAGNOSIS?** Clinical, Lab. Find & Autopsy

(Signed) P. C. Williams, M. D.

**30**, 1928 (Address) Surgt Genl Hosp

\*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** Jefferson City Missouri **DATE OF BURIAL** 2-1 1929

**20. UNDERTAKER** John J. Sheehan **ADDRESS** K. B. Mo

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.

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