

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

Do not use this space.

5691

PHYSICIANS should state EXACTLY. AGE should be stated CAREFULLY. Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1929

1. PLACE OF DEATH

County Callaway Registration District No. 104
 Township Primary Registration District No. 3008
 City Fulton (No.) St. Ward)

File No.
 Registered No. 53
 St. Ward)

2. FULL NAME

Lewis Ekstein
 (a) Residence. No. Elsberry Mo. St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. 17 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 (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF No information

6. DATE OF BIRTH (MONTH, DAY AND YEAR) No information

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
81 | No information

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

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

10. NAME OF FATHER No information

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No information

12. MAIDEN NAME OF MOTHER No information

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No information

14. INFORMANT State Hospital Records (Address) Fulton Mo.

15. FILED 2-22-29 R. N. Crews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 22 - 1929

17. I HEREBY CERTIFY That I attended deceased from Sept. 5 - 1928 to Feb. 21 - 1929 that I last saw him alive on Feb. 21 - 1929, and that death occurred, on the date stated above, at 9:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Capillary Bronchitis
10/12 (duration) yrs. mos. 2 da.

CONTRIBUTORY Myocardial Degeneration (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED MO IF NOT AT PLACE OF BIRTH, DATE OF ...

DID AN OPERATION PRECEDE DEATH? No DATE OF ...
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symp.
 (Signed) F. R. Gray M. D.
2-22-29 (Address) Fulton State Hospital

*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 Elsberry cemetery DATE OF BURIAL 2-23-1929

20. UNDERTAKER W. D. Bradley ADDRESS Elsberry Mo

23
2
31
31

