

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

Do not use this space.

15930

1. PLACE OF DEATH

County Adair Registration District No. 98
Township _____ Primary Registration District No. 4060
City Kingsport (No. _____) St. _____ Ward _____

File No. _____
Registered No. 7

2. FULL NAME

(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 X yrs. 6 mos. X ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow/divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 7 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Braymer Missouri

MOTHER FATHER 13. NAME John Eichler

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

15. MAIDEN NAME Julia Nash

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Ed Eichler (ADDRESS) Braymer, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE C. Overgreen DATE 5-25-1934

19. UNDERTAKER B. F. Mead (ADDRESS) Braymer, Mo

20. FILED May 25 1934 Mrs Ruth Hall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1934

22. I HEREBY CERTIFY, That I attended deceased from March 24 1934 to May 23 1934

I last saw him alive on May 21 1934 Death is said to have occurred on the date stated above, at 1043 m.

The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis Date of onset About 1932

Other contributory causes of importance:
Arteriosclerosis

Name of operation None Date of _____
What test confirmed diagnosis Clinical 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) W. D. Shouse M. D.
(Address) Kingsport, 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.

JUN 20 1934 - 6-5

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