

REC'D MAR 21 1938

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

Do not use this space.

1. PLACE OF DEATH
 County Marion Registration District No. 547 File No. 7378
 Township ~~Marion~~ & Marion Primary Registration District No. 3079 Registered No. 33
 City Hannibal (No. (Levering Hosp)) St. _____ Ward _____
 2. FULL NAME John William Eichenberger 251
 (a) Residence, No. 523 North 5th St. 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 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 Elizabeth Eichenberger
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21, 1883
 7. AGE YEARS 55 MONTHS 0 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker
 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) Switzerland 1

FATHER
 13. NAME John Jacob Eichenberger 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland 1

MOTHER
 15. MAIDEN NAME Rosa Hirt

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

17. INFORMANT Mrs Eessie Eichenberger
 (ADDRESS) Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grandview Cem. DATE Feb 3, 1938

19. UNDERTAKER Smiths' Funeral Home
 (ADDRESS) Hannibal, Mo.

20. FILED 1/2 19 38 H. C. Fisher
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-28, 1938, to 2-1, 1938

I last saw him alive on 2-1, 1938 Death is said

to have occurred on the date stated above, at 12:40 A. M.

The principal cause of death and related causes of importance were as follows:

Multiple ulcers (25) of jejunum and ileum - (Kahn test and histol negative) (Cause probably intestinal or circulatory -) 120R
 (Date of onset) 1937 (July)

Other contributory causes of importance:

Perforation of two ulcers of small intestine - general peritonitis 1-17-38

Name of operation Repair of ruptured ulcers Date of 1-31-38

What test confirmed diagnosis? leg. 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? No

If so, specify _____

(Signed) Harold B. Bendrich, M. D.

(Address) Hannibal, 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.

