

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

29104

1. PLACE OF DEATH

County Franklin Registration District No. 296
 Township Union Primary Registration District No. 5413
 City (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 82 yrs. 11 mos. 20 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Eckstein</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 14 1856</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>11</u>	DAYS <u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>		
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) <u>Beaufort Mo.</u>		
13. NAME <u>George J. Eckstein</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Baraba Seykam</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Mary Eckstein</u> (ADDRESS) <u>Beaufort Mo.</u>		
18. BURIAL, CREMATION OR REMOVAL <u>St. Joe City Cemt.</u> DATE <u>Sept. 6 39</u>		
19. UNDERTAKER <u>E. H. Lemm</u> (ADDRESS) <u>Beaufort Mo.</u>		
20. FILED <u>9-5-39</u> <u>Laurel H. Houchens</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 1939

22. I HEREBY CERTIFY that I attended deceased from Aug 29 1939 to Sept 4 1939
 I last saw him alive on Sept 3 1939 Death is said to have occurred on the date stated above, at 1:15 A.M.
 The principal cause of death and related causes of importance were as follows:

<u>Branchial Pneumonia</u>	Date of onset <u>9-1-39</u>
<u>Cerebral thrombosis</u>	<u>8-28-39</u>

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) J. H. Matthews M. D.
 (Address) Beaufort, Mo.

