

REC'D SEP 30 1939

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

Do not use this space.

1. PLACE OF DEATH

3 County Atchison 2
Township Benton 1
City (No. _____)

Registration District No. 19
Primary Registration District No. 5024

File No. 31746
Registered No. _____
St. _____ Ward _____

2. FULL NAME

H. O. Harmon Harmon Harmon Eilers
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie Friederichs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 8 23

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) Langdon Mo

13. NAME Harmon Harmon Eilers

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

15. MAIDEN NAME Catrina Bowers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Auburn Neb

17. INFORMANT Mrs. Harmon Eilers

18. BURIAL, CREMATION, OR REMOVAL PLACE Buried DATE Sept 26 1939

19. UNDERTAKER J. B. Burton

(ADDRESS) Langdon Mo

20. FILED Sept 13 1939 Tracy S. Chamberlain Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 22 1939 to Sept 13 1939

Last saw him alive on Sept 13 1939 Death is said

to have occurred on the date stated above, at 6 A m.

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

Coronary Thrombosis Date of onset _____

arteriosclerosis

Other contributory causes of importance: 946

Name of operation _____ Date of _____

What test confirmed diagnosis? none 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 Chas. J. Settle M. D.

(Signed) Rock Port, Mo

(Address) _____

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Vertical line of text or a separator.