

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.

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

Do not use this space.

MAR 24 1936

2209

1. PLACE OF DEATH
 County Moniteau Registration District No. 571
 Township Walker Primary Registration District No. 5769
 City _____ (No. _____ St. _____ Ward _____)

2. FULL NAME Rudolph Eicher
 (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 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 5 - 1869
 7. AGE YEARS MONTHS DAYS If LESS than 1 hr. or min.
66 3 9
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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
 FATHER
 13. NAME Fred Eicher
 BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
 MOTHER
 15. NAME Don't Know
 BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
 17. INFORMANT Carl Eicher
 (ADDRESS) California Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Evangelical ch. DATE 2/16 1936
 19. UNDERTAKER William & Friedmeyer
 (ADDRESS) California Mo
 20. FILED 2-2 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1936
 22. I HEREBY CERTIFY that I attended deceased from Dec 21 1935 to Jan 14 1936
 I last saw him alive on Jan 11 1936 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Cellular Heart Disease Date of onset _____
Chronic Nephritis
 Other contributory causes of importance:
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 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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) L. R. Rathbone, M. D.
 (Address) California Mo

Registrar.

