

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

Do not use this space.

6941

1. PLACE OF DEATH **MAR 24 1936**

County Morgan

Registration District No. 598

Township Morgan

Primary Registration District No. 4268

City (No. ....) St. .... Ward

File No. ....

Registered No. 15

2. FULL NAME Mancel Aeschbacher

(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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29-1917

7. AGE YEARS 18 MONTHS 4 DAYS 26 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Student

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) Morgan Co, Mo (STATE OR COUNTRY)

13. NAME Sim Aeschbacher

14. BIRTHPLACE (CITY OR TOWN) Morgan Co Mo (STATE OR COUNTRY)

15. MAIDEN NAME Lydia Geiber

16. BIRTHPLACE (CITY OR TOWN) Morgan Co (STATE OR COUNTRY)

17. INFORMANT Sim Aeschbacher (ADDRESS) Wassers, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Beibel DATE Feb 26 1936

19. UNDERTAKER W. F. Kidwell (ADDRESS) Wassers, Mo

20. FILED 2-25 1936 W. K. Kullit Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24 1936

22. I HEREBY CERTIFY That I attended deceased from Feb 15th 1936, to Feb 24 1936

I last saw him alive on Feb 24th 1936 Death is said to have occurred on the date stated above, at 7 P. m.

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

Solar Pneumonia of right lung complicated by bacterial bronchitis of left lung.

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? General Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None 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) H. E. Blackston, M. D.

(Address) Wassers, 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.

