

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

Do not use this space.

27612

1. PLACE OF DEATH
 County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 3019
 City Independence East End of Main Ave St. _____ (If nonresident, give city or town and State)
 Ward _____

2. FULL NAME Vernon Raymond Eustis
 (a) Residence No. 321 West College 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 8 - 1922

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	7	8	13	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work child
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Independence
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Thomas Curtis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Independence
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Edith Ruth Gorman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Joplin
 (STATE OR COUNTRY) Missouri

14. INFORMANT Tom Curtis
 (Address) Indep. Mo

15. FILED 8-22-29 F. L. Cook
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug - 21 1929

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 2:20 PM m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Gun-shot wound

18. WHERE WAS DISEASE CONTRACTED (duration) _____ yrs. _____ mos. _____ ds.
accidental

CONTRIBUTORY (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.
183

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) [Signature] M. D.
821, 1929 (Address) Indep Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Wound Grove</u>	DATE OF BURIAL <u>8-23 1929</u>
20. UNDERTAKER <u>[Signature]</u>	ADDRESS <u>[Signature]</u>

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.

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 95
 1029
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