

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

Do not use this space.

41538

1. PLACE OF DEATH

County Marion Registration District No. 547
Township Mason Primary Registration District No. 3079
City Hannibal (No. 504 N. Main)

File No. _____
Registered No. 317
St. 1st Ward

2. FULL NAME

Joseph Lee Eubank
(a) Residence, No. 504 N. Main St. 1st 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 <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>Mally Eubank</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 3rd 1863</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>7</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shoemaker</u>		IF LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Shoe factory</u>		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 1931

I HEREBY CERTIFY, That I attended deceased from Nov 25, 1931, to Dec 7, 1931.

I last saw him alive on Dec 7, 1931. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Dant + cron

Other contributory causes of importance:
9:30

Date of onset

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Ark Mo</u>
	13. NAME <u>John Eubank</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
	15. MAIDEN NAME <u>Ellen Kelly</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
	17. INFORMANT (ADDRESS) <u>Mrs Mally Eubank 504 N. Main St Hannibal Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Obert</u> DATE <u>12/9 1931</u>	
19. UNDERTAKER (ADDRESS) <u>James O'Donnell Hannibal Mo</u>	
20. FILED <u>Dec 8 1931</u> <u>6 Cousins</u> Registrar.	

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) G. A. Roelle, M. D.
(Address) Hannibal Mo

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.

