

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

Do not use this space.

1. PLACE OF DEATH  
 1 County ADAIR Registration District No. 4  
 2 Township \_\_\_\_\_ Primary Registration District No. 3.0.01  
 2 City KIRKSVILLE MO. (No. 101 S BALTIMORE St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 2 FULL NAME LAURA J EUBANKS  
 (a) Residence, No. 101 SBALTIMORE St. 4 Ward \_\_\_\_\_  
 (Usual place of abode) NO OF YEARS (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.

File No. 12  
 Registered No. 7

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WIDOWED  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 21 1851  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
80 7 21  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE KEEPER  
 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) JAN 12th 1932 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ANDOVER MASS 2

13. NAME JAMES C BLOOD

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ANDOVER MASS

15. MAIDEN NAME ESTER ODONAL

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BURLIN IRELAND 15

17. INFORMANT (ADDRESS) Ester Eubank  
KIRKSVILLE MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland park DATE Jan 14 1932

19. UNDERTAKER (ADDRESS) Ans Johnson  
Lawrence mo

20. FILED Jan 16 1932 Mrs C P Becker  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 30th 1931 to Jan 12th 1932  
 I last saw her alive on Jan 12th 1932 Death is said to have occurred on the date stated above, at 2 p. m.  
 The principal cause of death and related causes of importance were as follows:

Cardiomyopathy  
Cancer of liver  
46E  
95B - H 66  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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?  
 If so, specify \_\_\_\_\_  
 (Signed) Geo. P. Sussel M. D.  
 (Address) 1.04 1/2 W. Franklin Parkville Mo

MARGIN RESERVED FOR BINDING

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.

JAN 20 1932

