

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

Do not use this space.

**21920**

**1. PLACE OF DEATH**

County Benton  
Township Cole  
City \_\_\_\_\_

Registration District No. 59  
Primary Registration District No. 3099

File No. \_\_\_\_\_  
Registered No. 20 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Curtis Reufroe Eberman  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Columbia Mo  
(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 28 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
60 5 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Greenman

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) 1930 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centralia Mo

13. NAME Jacob Eberman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centerville Mo

15. MAIDEN NAME Martha Jane Stegus

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centralia Mo

17. INFORMANT (ADDRESS) Mrs Anne Vivian Pickett Woodin road Box Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Centralia Mo DATE July 18 1932

19. UNDERTAKER (ADDRESS) A. R. Rapp & Son Store Mo

20. FILED 8-1- 1932 Harry Bay Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1932

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
I last saw him alive on about, 19\_\_\_\_ Death is said to have occurred on the date stated above, at 2 a.m.  
The principal cause of death and related causes of importance were as follows:

Found dead in bed  
2004200A  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Gain about heart for last 2 days  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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) Chas A. Kust, M. D.  
(Address) Store Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AUG 22 1932

10/10/10