

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

Do not use this space.

25710

**1. PLACE OF DEATH**

24 County Clay Registration District No. 203  
Township Platte Primary Registration District No. 5281  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

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

**2. FULL NAME**

Charles Wallace Eberts  
(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 69 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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-20-1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
69 1 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) (STATE OR COUNTRY) Clay Co. Mo.

13. NAME Phillip Eberts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Sarah Lee Cook

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

17. INFORMANT (ADDRESS) Mrs. Kate Gifford  
Warney, Mo. R.F.D.

18. BURIAL, CREMATION OR REMOVAL PLACE Paradise Mo. DATE 8-20-1932

19. UNDERTAKER (ADDRESS) McDonough Undertaking  
Lebanon Mo.

20. FILED 8-20-1932 E. C. Hill  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 9 1932 to Aug 19 1932  
I last saw him alive on Aug 19 1932. Death is said to have occurred on the date stated above, at 10 a.m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset \_\_\_\_\_

874

*[Signature]*

Other contributory causes of importance: ①

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 \_\_\_\_\_, 1932

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) J. H. Rupp M. D.

(Address) Smithville Mo. R. 2

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.

SEP 22 1932

