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

Do not use this space.

30961-B

1. PLACE OF DEATH
County: Barry Co. Registration District No.: 29 File No.:
Township: Perkins Primary Registration District No.: 6048 Registered No.:
City: Purdin (No. , St. Ward)

2. FULL NAME: Casper James Eubanks

(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 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: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nancy E. Eubanks
7. DATE OF BIRTH (MONTH, DAY AND YEAR):
8. AGE: Years 83 Months 2 Days 2 If LESS than 1 day, hrs. or min.
9. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:
BIRTHPLACE (CITY OR TOWN): Mo
(STATE OR COUNTRY)
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Tenn
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Tenn
(STATE OR COUNTRY)
INFORMANT: C. C. Mayes
(Address): Aurora, Mo.
FILED, 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 16 1924
17. I HEREBY CERTIFY, That I attended deceased from 20, 19, to Nov 16, 1924, that I last saw him alive on Nov 16, 1924, and that death occurred, on the date stated above, at 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pernicious Anemia

7 1/2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): None (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF No
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. M. Perriman M. D.
, 19 (Address) Jenkins 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: Stubblefield Cem
DATE OF BURIAL: Nov 18 1924
20. UNDERTAKER: Gray Mort Co
ADDRESS: Aurora

MISSOURI STATE BOARD OF HEALTH
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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County: Barry — Registration District No.: 29 — File No.:

Township: Jenkins — Primary Registration District No.: 5048 — Registered No.: 28

City: Jenkins (No. ..., ... St. ..... Ward)

2. FULL NAME: Jasper James Eubanks

(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 ... 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: Wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Nancy C Eubanks

6. DATE OF DATH (MONTH, DAY AND YEAR): 9-14-1841

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	2	2	

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

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Tenn

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Tenn

INFORMANT: J. C. Greene
(Address): Aurora Mo.

15. FILED: Aug 18 1930 Mrs H. R. Williams, Dep. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 16 1924

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to Nov. 16, 1924 that I last saw h. alive on Nov. 16, 1924, and that death occurred, on the date stated above, at Nov. 16, 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pernicious anaemia

..... (duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED .....

IF NOT AT PLACE OF DEATH ~~[illegible]~~ .....

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) L. M. Gessman, M. D.
, 19 (Address) Jenkins 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: Stubblefield Cem — DATE OF BURIAL: Nov. 18 1924

20. UNDERTAKER: Hug Und Co. — ADDRESS: Aurora Mo

SUPPLEMENTARY

E-19605