

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

Do not use this space.

30592

100

**1. PLACE OF DEATH**

County Jackson

Registration District No. 399

Township Rail

Primary Registration District No. 1002

City Kansas City

(No. 817 Bluem Army place St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Lucretia Eubanks

(a) Residence. No. 817 Bluem Army place 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**

2. SEX Fe 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar-25-1845

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
81 10 5

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Granton  
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER Unknown/Kyonsberger

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

12. MAIDEN NAME OF MOTHER Miss Berger

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

14. INFORMANT Edward F Eubanks  
(Address) 817 Bluem Army place

15. FILED 10/30/27 M.M. Cooper  
REGISTRAR asser

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-30-1927

17. I HEREBY CERTIFY That I attended deceased from Oct 7- 1927, to Oct 30, 1927 that I last saw h. ea. alive on 10-29, 1927, and that death occurred, on the date stated above, at 12:23 p. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Cerebral Hemorrhage

82H  
97 (duration) yrs. mos. 27 ds.

CONTRIBUTORY (SECONDARY) arterio-sclerosis  
(duration) general yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?  
IF NO. AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical signs  
(Signed) M.C. Speer, M. D.  
10/30/27 (Address) 3204 Columbia St. 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 Mexico mo DATE OF BURIAL Nov 2 1927

20. UNDERTAKER Bluem Army place ADDRESS K.C. mo.

M. 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.

3204 Coleman Rd  
Westport 6743