

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

Do not use this space.

9797

**1. PLACE OF DEATH**

County Marion  
Township Marion  
City Hannibal (No. 210 Pine St)

Registration District No. 547  
Primary Registration District No. 2627

File No. \_\_\_\_\_  
Registered No. 6266 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Barley 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE col 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) about 1838

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
about 90 — —

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Vir  
(STATE OR COUNTRY)

10. NAME OF FATHER Richard Eubanks

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

12. MAIDEN NAME OF MOTHER in record

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

14. INFORMANT Mrs Elizabeth Hobbs  
(Address) 210 Pine St

15. FILED 3/23 1928 C. L. Strode REGISTRAR  
m.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 18 1928

17. I HEREBY CERTIFY That I attended deceased from 6 p.m.  
March 14, 1928, to Mar 18, 1928  
that I last saw him alive on Mar 14, 1928, and that death occurred, on the date stated above, at 6 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

11 E Influenza  
132 A  
95 B  
CONTRIBUTORY Heart & Kidney  
(SECONDARY) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH...  
DID AN OPERATION PRECEDE DEATH... DATE OF...  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS...  
(Signed) H. M. Meeker M. D.  
3/19/28 (Address) 1217 Church St

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Rensselaer DATE OF BURIAL 3/21 1928

20. UNDERTAKER Geo & Robach ADDRESS Hannibal

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.

