WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

JAN 20 1931

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

Do not use this space.

36742 A

File No. .....

Registered No. .....

1. PLACE OF DEATH

County McDonald — Registration District No. 1149

Township Pineville — Primary Registration District No. 5698

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Joy Marcella Eberle

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
female	W	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4-1930

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	3	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) McDonald Co
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Harry Eberle

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

12. MAIDEN NAME OF MOTHER Nancy A Mason

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

14. INFORMANT Harry Eberle
(Address) Anderson Mo R 3

15. FILED Nov 13 1930 Leo Leach REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 3 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1930, to Nov 3, 1930 that I last saw her alive on Nov 3, 1930 and that death occurred, on the date stated above, at 4 30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cause of death Unknown
Probably an enteritis

(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) 1130

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH —

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) R C Lawson, M. D.

11/6/30, 19 (Address) Neosho 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	DATE OF BURIAL
Anderson Mo	Nov 4 1930
20. UNDERTAKER	ADDRESS
Gen Tatum Mo C	Anderson Mo.

RECEIVED