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.

APR 23 1931

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

Do not use this space.

13996

1. PLACE OF DEATH
46 County Howell — Registration District No. 388 — File No.
Township Bissan — Primary Registration District No. 5542 — Registered No. 3
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Isaac L. Eblen
(a) Residence, No. Peace Valley - Route 1 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married -
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Ida Bennett Eblen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7 — 5 — 1866
7. AGE: YEARS 64 — MONTHS 9 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1
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) apr 6 1931
11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weakeley Co. Tenn.

FATHER
13. NAME Griffin Eblen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weakeley Co., Tenn.

MOTHER
15. MAIDEN NAME Vina McFarland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weakely Co. Tenn.

17. INFORMANT (ADDRESS) Fritz Stein, Peace Valley, Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE New Hope DATE 4/16 1931
19. UNDERTAKER (ADDRESS) A. Willard, Peace Valley
20. FILED apr 17 1931 H R Lynch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1931
22. I HEREBY CERTIFY, That I attended deceased from April 14, 1931, to April 15, 1931
I last saw him alive on April 15, 1931. Death is said to have occurred on the date stated above, at 6 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Lobar	4/7/31
108	

Other contributory causes of importance: 108

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
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? No
If so, specify .....
(Signed) P. D. Gum, M. D.
(Address) West Plains, Mo.