

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

Do not use this space.

15286-A

1. PLACE OF DEATH
 County Polk Registration District No. 707
 Township W. James Primary Registration District No. 5-936
 City Marion (No.) St. Ward

2. FULL NAME Elizabeth Eubank
 (a) Residence, No. St. Ward

Length of residence in city or town where death occurred 37 yrs. 4 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 11
 Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marion Eubank
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1873-11-13
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 4 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2:5
 10. Date deceased last worked at this occupation (month and year) 4-31 Polk 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Tennessee
 13. NAME Jessie Mc Knight
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER FATHER
 15. MAIDEN NAME Mary Mc Knight
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jameson

17. INFORMANT Marion Eubank
 (ADDRESS) Marionville

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Victory Lane DATE 4-12-31

19. UNDERTAKER Paul Whitehair
 (ADDRESS) 10 Oliver

20. FILED April 11, 1931 Dr. C. Miller Dean
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April - 10 - 1931
 22. I HEREBY CERTIFY, that I attended deceased from Dec - 1924 to April - 10 - 1931
 I last saw her alive on April 10 - 1931 Death is said to have occurred on the date stated above, at 10:20 AM
 The principal cause of death and related causes of importance were as follows:

Cancer - Endometrial
48
47B 48
52E
 Other contributory causes of importance:
Cancer of uterus and vagina
 Date of onset

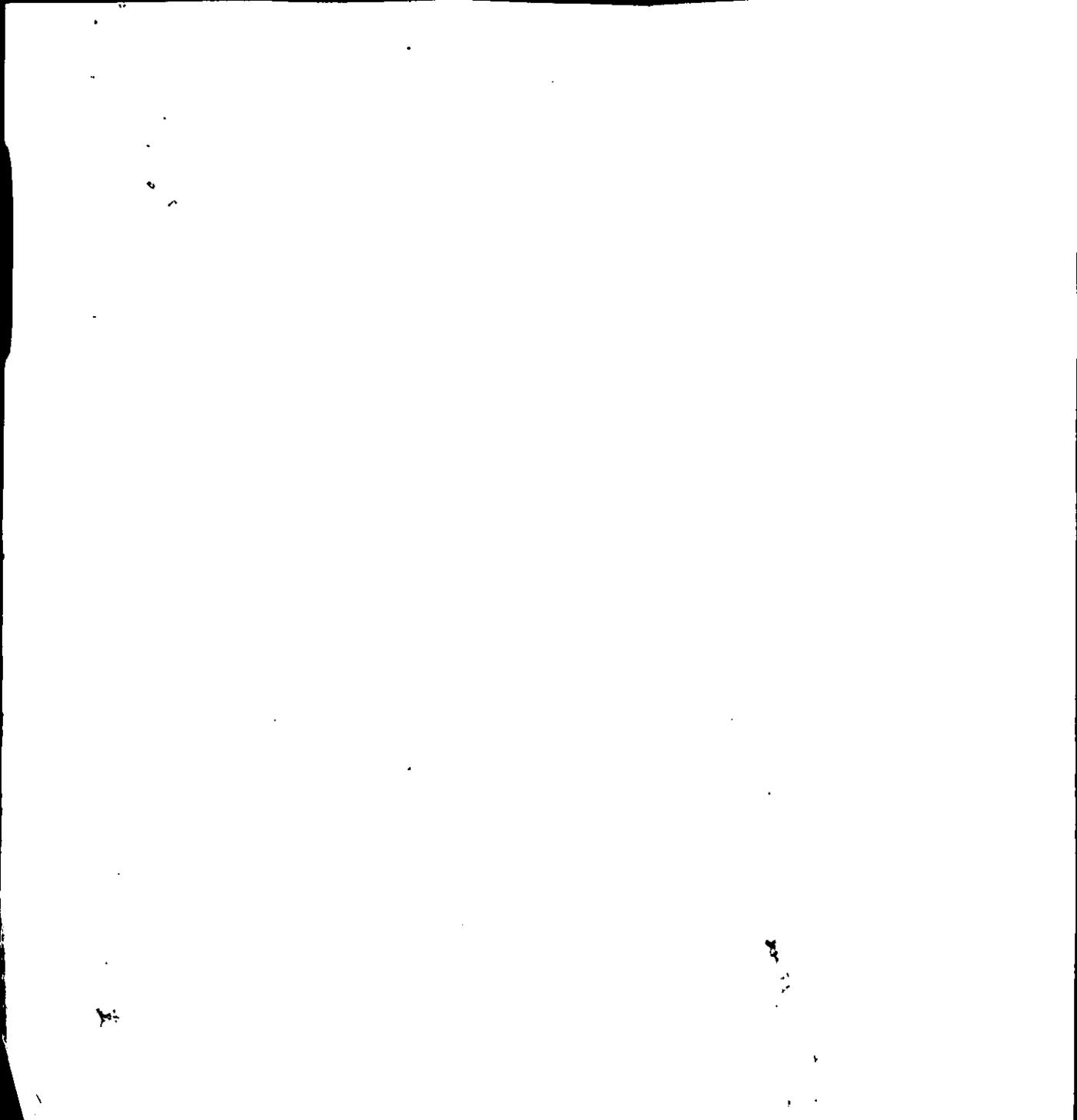
Name of operation climax Date of 10
 What test confirmed diagnosis? climax Was there an autopsy? 0

28. 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) W. Daniel M. D.
 (Address) Marionville Mo



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jackson
Township E. Loney
City Elira Elizabeth Euclis (No. _____)

Registration District No. 707
Primary Registration District No. 2936

File No. 15286-A
Registered No. 14
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. 4 mos. 27 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-13-1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
57 4 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson mo. Co.

13. NAME Jesse Mc Knight

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Mary M. Knight

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin mo.

17. INFORMANT Marion Euclis (ADDRESS) morrisville mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hickory Grove DATE 4/12 1931

19. UNDERTAKER Paul White & Ewins Und. (ADDRESS) Palmer mo

20. FILED _____ 19 _____ Registrar _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 10 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec - 14 to Apr 10 1931

I last saw her alive on Apr 6 1931 Death is said to have occurred on the day stated above, at 1020 p.m.

The principal cause of death and related causes of importance were as follows:

Cancer metastatic Date of onset _____

Other contributory causes of importance: Cancer of uterus and vagina

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical 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? _____

If so, specify _____ (Signed) H. J. Havrell M. D.

(Address) morrisville mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY L.

5-15286