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.

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

Do not use this space.

18722

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 556
City St. Joseph, (No. 221 South 16th. St. Ward)

2. FULL NAME James Edgar Eberly,
(a) Residence, No. 221 South 16th. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 61 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): Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Clara E. Eberly,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 11, 1852
7. AGE: Years 80 — Months 1 — Days 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lubrication (Auto)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Alemite Products
10. Date deceased last worked at this occupation (month and year): June 1932
11. Total time (years) spent in this occupation: 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mercersburg, Pennsylvania,

FATHER
13. NAME: Henry E. Eberly,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Falling Springs, Pennsylvania,

MOTHER
15. MAIDEN NAME: Ann Elizabeth Hoke,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mercersburg, Pennsylvania,

17. INFORMANT (ADDRESS): Mrs. Jay Holbrook, 830 Ridgeley Drive, Los Angeles Calif.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hastings, Minn. DATE June 9th, 32
19. UNDERTAKER (ADDRESS): Heaton, Bergale & Bowman, 319 S. 10th. St. Funeral Home
20. FILED 6-8-32, 19 John R. Benders, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 7th, 1932
22. I HEREBY CERTIFY, That I attended deceased from June 4, 1932, to June 7, 1932
I last saw him alive on June 6, 1932. Death is said to have occurred on the date stated above, at 5:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	6/4/32
94B	
97	

Other contributory causes of importance:
Arterio Sclerosis General

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? no 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) H W Carle, M. D.
(Address) 301 P. S. Bldg. St Joseph Mo.

[illegible]

[illegible]

[illegible]