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.

13187

2069

1. PLACE OF DEATH
County Jackson — Registration District No. ____ — File No. ____
Township Kaw — Primary Registration District No. ____ — Registered No. ____
City K. C. Mo (No. 1807 E. 18th St. ____ St. ____ Ward)

2. FULL NAME James Eaban
(a) Residence, No. Unknown St., ____ Ward. ____ (If nonresident, give city or town and State)
(Usual place of abode)
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 Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE About 38 YEARS ____ MONTHS ____ DAYS ____ If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 173
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) Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Julius Ast Fickler
18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Ridge DATE 5-8, 1933
19. UNDERTAKER (ADDRESS) Julius Ast Fickler
20. FILED 5-13, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/25/33, 19__

22. I HEREBY CERTIFY That I attended deceased from Deputy Coroner, 19__
I last saw h____ alive on ____, 19__ Death is said to have occurred on the date stated above, at P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of the abdomen	
Hemoperitoneum	

Other contributory causes of importance: 173

Name of operation Suture of the lesion Date of 4/22/33
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Homicide Date of injury 4/2, 1933
Where did injury occur? 1314 E 18th St Kcmo (Specify city or town, county, and State)
Specify whether injury occurred in industry, or home, or in public place. Public place
Manner of injury Wound by firearms
Nature of injury Shot in abdomen

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ____
(Signed) O. Halek, M.D.
(Address) Kcmo