JAN 26 1934

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

Do not use this space.
39293

1. PLACE OF DEATH
11 County Buchanan
Township Wayne
City ~~Halls~~ h
Registration District No. 86
Primary Registration District No. 5128
File No. 70
Registered No. 70
(No. ..... , ... St. ..... Ward)

2. FULL NAME Armanda Ebling
(a) Residence, No. Halls Mo. 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19, 1851

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
82	2	29	

OCCUPATION
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) Cattlesburg Kentucky

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

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

17. INFORMANT (ADDRESS) Mrs. C. H. Hudson Halls Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Curlin Cem. DATE Dec. 19, 1933

19. UNDERTAKER (ADDRESS) Fred D. Clark 5025 King Hill Av.

20. FILED Dec 19 1933 J. J. Bi[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 31, 1933, to December, 1933
I last saw her alive on November 19, 1933. Death is said to have occurred on the date stated above, at 8.25 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Gangrene	
97	
98B	

Other contributory causes of importance:

Arteriosclerosis	Unknown

Name of operation None 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? No
If so, specify ✓
(Signed) William A. Robertson, M. D.
(Address) St. Joseph Mo

97

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.