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.

25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 86 — File No. 7987

Township Washington — Primary Registration District No. 5127 — Registered No. 29

City ~~St. Joseph~~ (No. 927 E. Hyde Park Ave. outside St. Louis Ward)

2. FULL NAME Elton R. Ebling

(a) Residence, No. 927 E. Hyde Park St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 29 yrs. 8 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1904

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	29	8	15	

OCCUPATION

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

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) St. Joseph Missouri

FATHER

13. NAME J. W. Ebling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lima Ohio

MOTHER

15. MAIDEN NAME Rosa V. Schonewetter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra Indiana

17. INFORMANT (ADDRESS) J. W. Ebling 927 E. Hyde Park Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Odd Fellows Cem. DATE 3/11/34 19

19. UNDERTAKER (ADDRESS) Fred D Clark

20. FILED Mch 12 1934 J. J. Bunsbach Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1934, to Mar 5, 1934

I last saw him alive on Mar 8, 1934. Death is said to have occurred on the date stated above, at ....m.

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

	Date of onset
Influenza	Mar 3-34
66 E	
11 B	
66 C	

Other contributory causes of importance:

Cretinism	Life

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

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) John J. Bone, M. D.

(Address) St. Joseph Mo