

1128

JAN 1 6 1935 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

42539

1. PLACE OF DEATH

County Dunklin  
Township Salem  
City (No. ....) St. .... Ward

Registration District No. 290  
Primary Registration District No. 5408

File No. ....  
Registered No. 92

2. FULL NAME

(a) Residence, No. .... 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.

James Oliver Eubanks

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or name of) <u>Orla D. Eubanks</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 8, 1874</u>				
7. AGE	YEARS <u>60</u>	MONTHS <u>11</u>	DAYS <u>20</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</u>			
	10. Date deceased last worked at this occupation (month and year) <u>X</u>		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>East Douglas County, Mo</u>				
FATHER	13. NAME <u>John Eubanks</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jac Brown County, Mo</u>			
MOTHER	15. MAIDEN NAME <u>Martha Regan</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
17. INFORMANT (ADDRESS) <u>Orla D. Eubanks</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Truett Cemetery</u> DATE <u>Dec 30, 1934</u>				
19. UNDERTAKER (ADDRESS) <u>W. D. Quinn Funeral Home</u>				
20. FILED <u>1-1</u> 1935 <u>W. D. Quinn</u> Registrar.				

✓ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec-19, 1934, to Dec 28, 1934  
I last saw him alive on Dec 28, 1934 Death is said to have occurred on the date stated above, at 12:05 P.M.  
The principal cause of death and related causes of importance were as follows:  
Bronchial Pneumonia Date of onset Dec 25, 34  
131  
12/18/34  
12/21/34  
Other contributory causes of importance:  
Candida Fungus  
Hypertension  
Chronic Nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Serology 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) R. E. Orndel, M. D.  
(Address) Paradise Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

