

SEP 25 1935

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

Do not use this space.

26708 ←

1. PLACE OF DEATH
County Jackson Registration District No. 404 File No. 43
Township Washington Primary Registration District No. 55578 Registered No. 43
City Artemus Mills (No. 97) (Name Artemus Mills) St. Mo Ward

2. FULL NAME
(a) Residence, No. 974 (Usual place of abode) Blue River Rd (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 20-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 8 18

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

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) Kansas

13. NAME John Ebner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

15. MAIDEN NAME Dora Snow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Miss Sarah Ebner

18. BURIAL, CREMATION, OR REMOVAL PLACE Shawnee DATE 8/9/35

19. UNDERTAKER (ADDRESS) J. J. Odorick

20. FILED 8/8 IN 35 BY Geo. R. Lindsey Pub. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1935, to Aug 8, 1935

I last saw him alive on Aug 6, 1935. Death is said to have occurred on the date stated above, at am

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

Gastric carcinoma Date of onset

Other contributory causes of importance:

Name of operation none Date of no

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? 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) J. J. Odorick, M. D. (Address) 802 N. Paris

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.

Dr. J. H. Jones
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