

JUL 24 1936

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

Do not use this space.

23118

1. PLACE OF DEATH

County... Jackson  
Township... Kaw  
City... Kansas City

Registration District No. 399  
Primary Registration District No. 1002

File No.  
Registered No. 3051  
St. Ward

2. FULL NAME Vivian Eubanks

(a) Residence, No. 632 Reynolds St. Ward.  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
5 0 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child  
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) Kansas City, Kansas (STATE OR COUNTRY)

13. NAME Lloyd Eubanks

14. BIRTHPLACE (CITY OR TOWN) Cassville (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Jewel Lloyd

16. BIRTHPLACE (CITY OR TOWN) Cassville (STATE OR COUNTRY) Missouri

17. INFORMANT Lloyd Eubanks (ADDRESS) 632 Reynolds

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 6/30/36 19

19. UNDERTAKER Geo. H. Long (ADDRESS) K.C.K.

20. FILED 6/29 1936 M.M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-28-36 19

22. I HEREBY CERTIFY That I attended deceased from 19 to 19

I last saw him alive on 6/28/36 19 Death is said to have occurred on the date stated above, at 10:20 a.m.

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

Asphyxia  
Scarlet Fever  
Date of onset

Other contributory causes of importance:

Name of operation Date of What test confirmed diagnosis? 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) Russell W. Beer, M. D.  
(Address)

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.

