

OCT 23 1936

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

Do not use this space.

30656-2

1. PLACE OF DEATH

County Grundy
Township Grant
City Truman (No. _____)

Registration District No. 328
Primary Registration District No. 3017

File No. _____
Registered No. _____
Ward _____

2. FULL NAME

Luanus Eby
(a) Residence, No. 1008 M^cPherson St. Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. Henry Eby
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-17-1851
7. AGE YEARS 84 MONTHS 7 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 1936

22. I HEREBY CERTIFY, That I attended deceased from from 1936, 19____, to _____, 19____.
I last saw him alive on Aug 15, 1936 Death is said to have occurred on the date stated above, at 8 a. m.
The principal cause of death and related causes of importance were as follows:

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

Other contributory causes of importance: _____
Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME Randall

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs Elza Walker (ADDRESS) _____18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Grove Cemetery DATE Aug. 18 193619. UNDERTAKER Hemery Funeral Home (ADDRESS) Truman, Mo20. FILED 8-18-36 Drene Fair Registrar.

of rhepsy
85
Name of operation Admitted to hospital and heart preparation 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) W. W. McKee, Jr.
(Address) _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 10 1951