

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.

1936 - 2 1936

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

Do not use this space.

40861

1. PLACE OF DEATH

County Wayne Registration District No. 272 File No. _____
Township Beitan Primary Registration District No. 5379 Registered No. 107
City Ava, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME John M. Eberhard

(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 3 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ina Bunnell Eberhard
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1856
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 7 7
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Lewistown Penn.

FATHER 13. NAME Yohral Eberhard

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Penn.

MOTHER 15. MAIDEN NAME Kathey Yeater

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Penn.

17. INFORMANT Ina Eberhard (ADDRESS) Ava, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ava DATE Nov. 16, 1936

19. UNDERTAKER C. V. Chickering (ADDRESS) Ava, Mo.

20. FILED 12-9 1936 Henry Bushe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from March, 1935, to Nov 15, 1936

I last saw him alive on Nov 14, 1936 Death is said

to have occurred on the date stated above, at 9 p.m.

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

Chronic Nephritis Date of onset April 1934

Other contributory causes of importance:

Hypertension
Hypertrophy of Prostate

Name of operation none Date of _____

What test confirmed diagnosis biopsy 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. M. Norman, M. D.

(Address) Ava Mo

