

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

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.

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

Do not use this space.

MAR 16 1937

1. PLACE OF DEATH
 County Butler Registration District No. 89
 Township _____ Primary Registration District No. 3007
 City Poplar Bluff (No. 938 Maple St.) _____ St. _____ Ward _____

File No. 5231
 Registered No. 69

2. FULL NAME Nadine Eubank
 (a) Residence, No. 938 Maple St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 7 mos. 29 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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 24, 1936</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>0</u>	<u>7</u>	<u>29</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>			
	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) <u>Butler County Missouri</u>				
FATHER	13. NAME <u>Thomas O. Eubank</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Butler County Missouri</u>			
	15. MAIDEN NAME <u>Leona Lorraine Carnahan</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Butler County Missouri</u>			
	17. INFORMANT <u>Thomas O. Eubank</u> (ADDRESS) <u>938 Maple St. Poplar Bluff, Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Houts cemetery</u> DATE <u>Feb. 24, 1937</u>				
19. UNDERTAKER <u>Greer Funeral Service</u> (ADDRESS) <u>Poplar Bluff Missouri</u>				
20. FILED <u>24 37</u> <u>Obitangan</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Feb. 23, 1937</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>2-21, 1937</u> , to <u>2-23, 1937</u> I last saw her alive on <u>2-27, 1937</u> . Death is said to have occurred on the date stated above, at <u>4:05 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Broncho-pneumonia</u> <u>Relapsed</u>	
Other contributory causes of importance: <u>1070</u>	
Name of operation _____ Date of _____ What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>No</u>	
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? <u>No</u> If so, specify _____ (Signed) <u>A. B. Brookmeyer</u> , M. D. (Address) <u>Poplar Bluff Mo.</u>	

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

Do not use this space.

1. PLACE OF DEATH

County Butler Registration District No. 89 File No. 5231
 Township _____ Primary Registration District No. 3007 Registered No. 69
 City Poplar Bluff (No. _____, St. _____ Ward)

2. FULL NAME

Nadine Eubank
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>S</u> <small>(write the word)</small>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	If LESS than day, hrs. or min.
		<u>7</u>	<u>29</u>	
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) _____ Total time (years) spent in this occupation _____			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
FATHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19				
19. UNDERTAKER (ADDRESS)				
20. FILED <u>4/23</u> , 19 <u>37</u> <u>Atkinson</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2, 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: Bronchopneumonia (Bilateral) Date of onset _____

Other contributory causes of importance: None

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) A. J. Brookmeyer M. D. (Address) Poplar Bluff Mo

SUPPLEMENTARY
 DEATH CERTIFICATE

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.

5-52-31