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

Do not use this space.

3720

1. PLACE OF DEATH

County: Pettis — Registration District No.: 668 — File No.: 40 39

Township: — Primary Registration District No.: 3032 — Registered No.: 668

City: Sedalia (No. 316 W 7th St. Ward)

2. FULL NAME: Neri F. Ebersole 162

(a) Residence, No. 316 W 7th 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: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Abbie Kern Ebersole

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 14 - 1847

7. AGE: YEARS 90 — MONTHS 8 — DAYS 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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.:

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): Ohio

FATHER

13. NAME: Peter Ebersole

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

MOTHER

15. MAIDEN NAME: Elizabeth Fisher

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

17. INFORMANT (ADDRESS): R. K. Ebersole, Sedalia

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Crown Hill — DATE: Jan 26 - 1938

19. UNDERTAKER (ADDRESS): McLaughlin Bros, Sedalia

20. FILED: Jan-26 1938 — Jean Slack, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan, 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1937, to Jan 25, 1938. I last saw him alive on Dec, 20, 1937. Death is said to have occurred on the date stated above, at 11 a.m.

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

Chronic myocardosis — Date of onset: [illegible]

Other contributory causes of importance: Senile dementia, arteriosclerosis

Name of operation: none — Date of: no

What test confirmed diagnosis? Clinical — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no — Date of injury ....., 19....

Where did injury occur? no (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: none

(Signed) [illegible], M. D.

(Address) Sedalia Mo

664

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