

161. JUL 19 1938

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

Do not use this space.

39116

1. PLACE OF DEATHCounty GasconadeRegistration District No. 305Township GasconadePrimary Registration District No. 4184City Quincyville (No. _____) St. _____ Ward _____File No. 24

Registered No. _____

2. FULL NAME(a) Residence, No. Quincyville, Mo. St. _____ Ward _____Length of residence in city or town where death occurred 24 yrs. 6 mos. ds. How long in U. S., if of foreign birth? 73 yrs. mos. ds. (If nonresident, give city or town and State)**PERSONAL AND STATISTICAL PARTICULARS**3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosina Ebling6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 28 19507. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. (88) 18 60 APR 28 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Miner9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hardware Store10. Date deceased last worked at this occupation (month and year) 12/16 11. Total time (years) spent in this occupation 44 yrs.12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harmstadt Prussia Germany13. NAME John Peter Ebling14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Marie E. Sirdon16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Chas. R. Ebling Quincyville, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Quincyville Cemetery No. 3 19. 819. UNDERTAKER (ADDRESS) Tappan & Myrman Quincyville, Mo.20. FILED Nov 2 1938 J. R. Ferrell Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1 193822. I HEREBY CERTIFY That I attended deceased from Oct. 26 1938 to Nov. 1 1938I last saw him alive on Nov. 1 1938. Death is said to have occurred on the date stated above, at 6:30 p.m.

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

Chronic Uremia ✓Date of onset Not Known

Other contributory causes of importance:

Senility ✓Date of onset Not KnownName of operation None Date of _____What test confirmed diagnosis Symptoms 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? _____ (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) J. R. Ferrell, M. D.776 (Address) Quincyville, Mo.

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.

121-

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Gasconade Registration District No. 305
 (b) Township _____ Primary Registration District No. 4184 Registered No. _____
 (c) City Quenerville (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Frederick Ebling

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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 1 day, hrs. or min.
88 6 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as 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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1 1938

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

I last saw h. _____ 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:

Chronic uremia
Chronic nephritis
Senility 131
 Other contributory cause of importance: _____

Date of onset

blouk
16/11/38

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) W. P. Ferrell, M. D.

(Address) Belle ms

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

N. B.—Every item of information should be carefully classified. 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.

