

REC'D FEB 27 1939

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

3632
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 231
(b) Township Silver Creek Primary Registration District No. 5973 Registered No. 1
(c) City _____ (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.

152 JAMES ROGER EUBANK

2. PRINT FULL NAME
(a) Residence, No. Huntsville, Mo St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Lucy M. Eubank

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 2 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Kentucky

FATHER 13. NAME Steven B. Eubank

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

MOTHER 15. MAIDEN NAME Lucy Wright

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

17. INFORMANT (ADDRESS) Mr. Porter Eubank
Huntsville, Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Woberly, Mo DATE Jan 2, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tom B. Dalton
Huntsville, Mo.

20. FILED July 14, 1939 A. Bradsher
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 31 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1938, to Dec 25, 1938. I last saw him alive on Dec 25, 1938. 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:

Broncho. Pneumonia
Hypertension
arteriosclerosis
Coronary Hypertrophy
Date of onset 1/2/39

Name of operation _____ Date of _____
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? _____ 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) Thos. Dalton, M. D.
Woberly, Mo
(Address) 657

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.