

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

Do not use this space.

15285

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Law

Primary Registration District No. 1002

City Kansas City (No. 1331)

File No. 2154

Registered No. 2154

St. 2 Ward

2. FULL NAME

(a) Residence. No. 1331 Paseo St. 2 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

col.

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

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

July 4, 1900.

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

26

10

12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

Truck driver

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Arkansas

10. NAME OF FATHER

London Evans

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Arkansas

12. MAIDEN NAME OF MOTHER

Sophia Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Arkansas

14.

INFORMANT (Address)

Mary Evans  
1331 Paseo

15.

FILED

May 25, 1927  
M.M. Crowe  
act REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

5/16 1927

17.

I HEREBY CERTIFY That I attended deceased from May 1, 1927, to May 15, 1927, that I last saw him alive on May 15, 1927, and that death occurred, on the date stated above, at 2:10 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Lobar Pneumonia

108

101A

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

unknown

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr. Miller, M.D.

(Address) 101A

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Emmett Ark.

5/25 1927

20. UNDERTAKER

Hatchmet Bros

ADDRESS

1729 Lydia

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.

Blount.

K 78  $\frac{1}{2}$  Manitoba