

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

Do not use this space.

1195

**1. PLACE OF DEATH**

County Jackson  
Township Kato  
City Kansas City (No. 1928)

Registration District No. 399  
Primary Registration District No. 1002

File No. 219  
Registered No. 219  
St. 19th Ward

**2. FULL NAME**

Harold E. Evans

(a) Residence No. 1928 1014 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 col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-8-28 June 8 1928

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

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Richard Evans

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kansas

12. MAIDEN NAME OF MOTHER Josephine McDonald

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kansas

14. INFORMANT Josephine McDonald (Address) 1927 E 19th

15. FREE Jun 17 1928 M.M. Crown REGISTRAR Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 15 1928

17. Deputy Coroner  
I HEREBY CERTIFY, That I attended deceased from 19 to 19 that I last saw h. alive on 19, and that death occurred, on the date stated above, at 5:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Procto-Pneumonia  
100% (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 100% yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 100%  
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy  
(Signed) Deputy Coroner, M. D.  
(Address) Deputy Coroner

\*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 Wauclaw Cem. DATE OF BURIAL 1-17 1928

20. UNDERTAKER A.B. Moore ADDRESS 1820 E 18

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.

