

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.

MAR 10 1928

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

Do not use this space.

4091

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No. 4091

Township

Primary Registration District No. 1001

Registered No. 187

City St. Joseph,

(No. 1900 Ashland Avenue,

St. _____ Ward)

2. FULL NAME Infant Eversole,

(a) Residence. No. 1900 Ashland Avenue, St. _____ Ward. _____

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Single,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 11, 1928

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 4 hrs. or — min.

0

0

0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph,

(STATE OR COUNTRY) Missouri,

10. NAME OF FATHER Charles Eversole,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Harrison Co.,

(STATE OR COUNTRY) Missouri,

12. MAIDEN NAME OF MOTHER Dora Halloway,

Galt,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri,

(STATE OR COUNTRY)

14. INFORMANT Charles Eversole

Address 1900 Ashland Avenue

15. FILED 13 1928 John G. W. REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 11, 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 11 10 AM to Feb. 11 5 PM 1928

that I last saw him alive on Feb. 11, 1928, and that death occurred, on the date stated above, at 5:00 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Injury at Birth -

1600 1613

(duration) yrs. mos. 2 ds.

CONTRIBUTORY Pneumonia during labor

(SECONDARY) (duration) yrs. mos. 4 hrs.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH No. DATE OF

WAS THERE AN AUTOPSY No

WHAT TEST CONFIRMED DIAGNOSIS History & symptoms

(Signed) Relish A. Kelly M. D.

2/13, 1928 (Address) 715-216 Empire Bldg

*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

City Cemetery

DATE OF BURIAL

Feb. 13 19 28

20. UNDERTAKER

Hester Belgo & Bowman

ADDRESS

319 S. 10 St.

Funeral Home

Emilio ...