

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

Do not use this space.

1. PLACE OF DEATH

5214

County Jackson  
Towship Kans  
City Kansas City

Registration District No. 399  
Primary Registration District No. 199

File No. \_\_\_\_\_  
Registered No. 876  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

James William Evans  
(a) Residence 11 Meersan Kansas St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 14 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 22 1912

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
15 | 9 | 4

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Leavenworth  
(STATE OR COUNTRY) Kansas

PARENTS

10. NAME OF FATHER Harry Evans

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

12. MAIDEN NAME OF MOTHER Hester Ramey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Mo

14. INFORMANT Harry Evans  
(Address) Meersan Kansas

15. FILED 7/27 28 1928 M. M. Cozine  
REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 26 1928

17. I HEREBY CERTIFY That I attended deceased from Nov 1 1927, to Feb 26, 1928 that I last saw him alive on Feb 26, 1928, and that death occurred, on the date stated above, at 11:08 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pertussis (Intussusception)  
12-25  
129  
130 (duration) yrs. mos. 14 da.

CONTRIBUTORY (SECONDARY) Subacute Paratyphoid  
abdominal Neoplasia (duration) yrs. 3 mos. 1 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 2/16-28

WAS THERE AN AUTOPSY? Yes

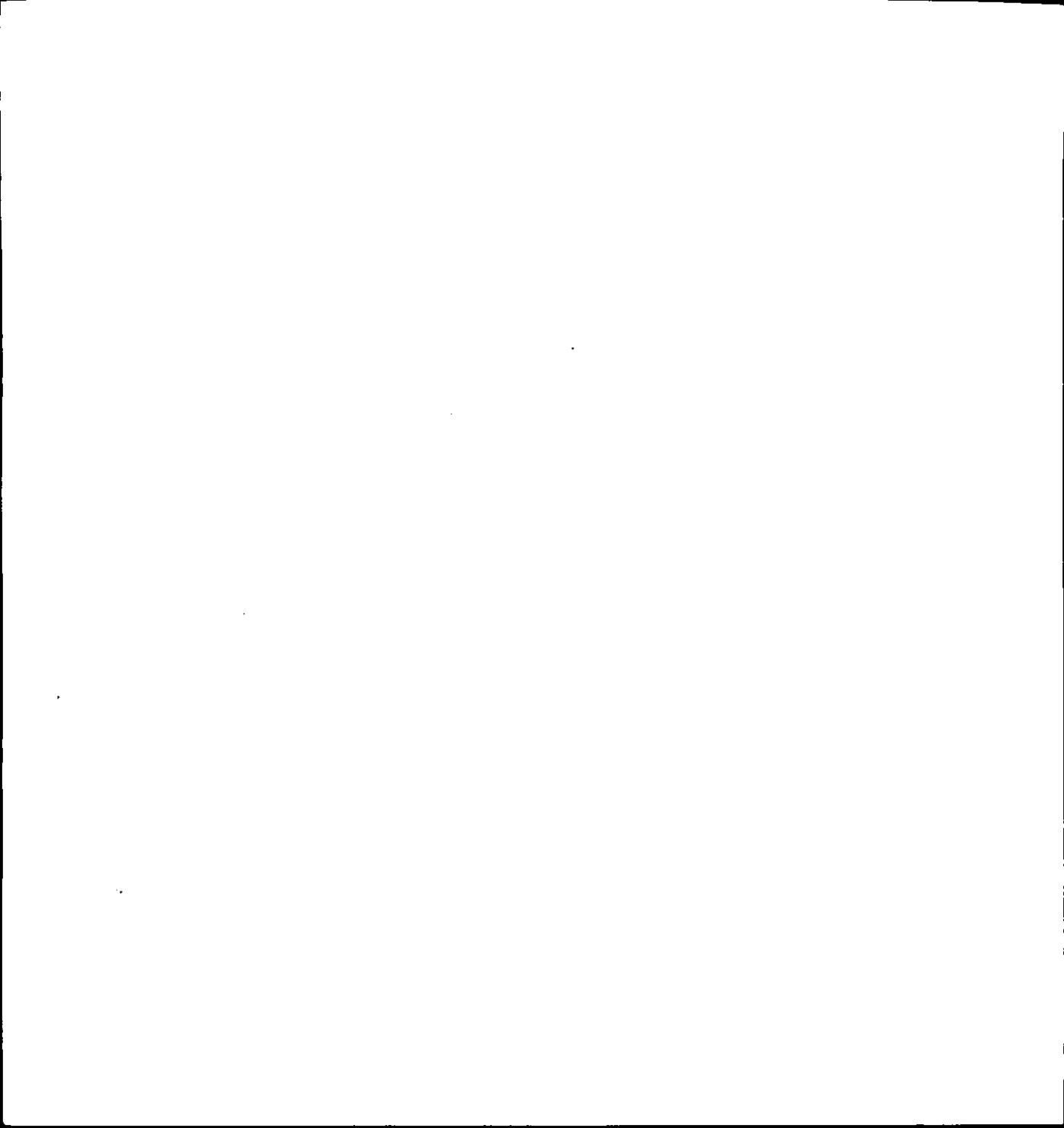
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. O. Cozine, M. D.  
7/26, 1928 (Address) 4178 Cambridge

\*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

Shawnee 2-28-1928  
20. UNDERTAKER H. W. Gatz ADDRESS H. C. K.



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ALL INFORMATION CONTAINED  
 HEREIN MUST BE WRITTEN ON  
 THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County..... Registration District No. 299 File No. ....  
 Township..... Primary Registration District No. 112 Registered No. 876  
 City W. J. (No. ....) St. .... Ward .....

2. FULL NAME

James William Evans

(a) Residence No. .... 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 W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED N.  
 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 22 - 1912

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

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 .....

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED 2/27 1921 M. M. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-26 1928

17. 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.....m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Supplemental*  
Peritonitis, Intussusception  
 (duration) yrs. mos. ds.  
 CONTRIBUTORY Subacute Parenchymatous  
 (SECONDARY) Nephritis & Stupor Coccal Toxemia  
 (duration) yrs. mos. ds. 2 Mo.

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)....., M. D.  
 , 19 (Address)

\*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

20. UNDERTAKER

ADDRESS

19

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

