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

Do not use this space.

File No. 20774

Registered No. 2656

1. PLACE OF DEATH

County: Jackson — Registration District No. 398

Township: Kaw — Primary Registration District No. 2002

City: Kansas City (No. 608 West 60th Terrace St. Ward)

2. FULL NAME Mrs. Evelyn M. Lade

(a) Residence. No. 608 West 60th Terrace St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. / How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 4th, 1876

7. AGE- Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
52		13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(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) Canada

PARENTS

10. NAME OF FATHER Joseph M. Tweedale

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

12. MAIDEN NAME OF MOTHER Maria Stevenson

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

14. INFORMANT William Lade
(Address) 608 W. 60th Terrace

15. FILED 6/18, 1928 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 17, 1928.

17. I HEREBY CERTIFY, That I attended deceased from about 1 mo., 19..., to June 17, 1928 that I last saw b. lived alive on June 16, 1928, and that death occurred, on the date stated above, at 10.55 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of rectum
46 D 45
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS?

6/18, 1928 (Signed) William M Kosth, M.D.
(Address) 928 Argyle Bldg.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Forest Hill — DATE OF BURIAL: 6/19/1928

20. UNDERTAKER: Freeman Mortuary — ADDRESS: 927 Baltimore

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.