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

Do not use this space.

27254

1. PLACE OF DEATH
County Jackson
Township Raw
City Kansas City (No. Research Hospt. St. Ward)
Registration District No.
Primary Registration District No.
File No.
Registered No. 3329

2. FULL NAME Sallie Evans
(a) Residence. No. 4227 Locust St., 6 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 2, 1870.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
58	6	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Spring Hill Pa.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Saml. Leap
11. BIRTHPLACE OF FATHER (CITY OR TOWN) New Jersey
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

14. INFORMANT Harold C Evans
(Address) 3507 Jefferson

15. FILED 8/7, 1928 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 6 1928

17. I HEREBY CERTIFY, That I attended deceased from July 25, 1928, to Aug 4, 1928, that I last saw h. W alive on Aug 4, 1928, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 55B 79B
Encephalitis - not epidemic -
84A (duration) yrs. mos. 13 ds.
CONTRIBUTORY (SECONDARY) Brain tumor - unable to say as to malignancy (duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Usual findings
8/7 (Signed) B. S. Sulzbacher, M. D
1928 (Address) 836 Oneyle 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 Mt. Moreah
DATE OF BURIAL 8-9 1928

20. UNDERTAKER D. W. Newcomer's Sons
ADDRESS K.C. Mo.

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.

...WITH UNFADING INK---THIS IS A PERMANENT RECORD

[illegible]

Vic. 2232

11-12