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

Do not use this space.

27421

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3497
Township Kaw — Primary Registration District No. 1002 — Registered No. 3497
City Kansas City (No. St Joseph Hospital St. Ward)

2. FULL NAME Cordelia Elvira Evans.
(a) Residence. No. Vinita Okla. 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. 19 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

4

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 7-1850

7. AGE: Years 77 — Months 9 — Days 13 — If LESS than 1 day, ... hrs. or ..... min.

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) Mo.

PARENTS
10. NAME OF FATHER David Ross.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Louise Robberson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

14. INFORMANT Mrs. Thomas F. Ridley (Address) 2528 Olive

15. FILED 8/21, 1928 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug-20-1928

17. I HEREBY CERTIFY, That I attended deceased from August 3, 1928, to August 20, 1928 that I last saw h. alive on August 20, 1928, and that death occurred, on the date stated above, at 5:10 P.M. in.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis 131
Pulmonary Oedema 936
Chronic Nephritis 97
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Arteriosclerosis
(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 1290
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
(Signed) George E. Aubrey, M. D
8/21, 1928 (Address) 1225 Rialto 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: Forest Hill — DATE OF BURIAL: Aug-23 1928

20. UNDERTAKER: Mrs. C. L. Forster — ADDRESS: 918 Brooklyn

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.

...ONTAINING INK—THIS IS A PERMANENT RECORD

Dr Aubrey
1225 Rialto 130
nic 3647.

west 0060