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.

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

Do not use this space.

27458

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1-3534
Township Kaw — Primary Registration District No. 1007 — Registered No. 3534
City Kansas City (No. 2507 Chelsea St. Ward)

2. FULL NAME Evans Fred Anderson Jr.
(a) Residence. No. 2507 Chelsea St., 14 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: 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) Aug 10 1928

7. AGE — YEARS — MONTHS — DAYS 13 — If LESS than 1 day, ... hrs. or ..... min.

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) Kansas City
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Evans F. Anderson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sioux City
(STATE OR COUNTRY) Iowa
12. MAIDEN NAME OF MOTHER Ruby Lindstrom
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Kansas

14. INFORMANT Evans F. Anderson
(Address) 2507 Chelsea

15. FILED 8/24, 1928 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 23 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1928, to Aug. 15, 1928, that I last saw him alive on Aug 15, 1928, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

159
158 Sinuation
(duration) yrs. mos. 12 ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1610
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [signature], M. D.
Aug 23 1928 (Address) 640 Kansas Ave. H C M

*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: Maple Hill Cem — DATE OF BURIAL: Aug 24 1928

20. UNDERTAKER: Daniel Bros — ADDRESS: KCK