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

Do not use this space.

36899
4548

1. PLACE OF DEATH
County Jackson
Township Raw
City Kansas City (No. 1223 Cliff St. St. Ward)
Registration District No.
Primary Registration District No.
File No.
Registered No.

2. FULL NAME Elizabeth Evans
(a) Residence. No. 1223 Cliff St., 3 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 17-1861

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
67	7	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): at Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): South Wales

PARENTS
10. NAME OF FATHER: David Griffiths
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): South Wales
12. MAIDEN NAME OF MOTHER: Mary Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): North Wales

14. INFORMANT: F. A. Evans
(Address) 1223 Cliff St

15. FILED 11/11, 1928 M M Crane Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 10 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:
Diabetes mellitus
59
57
(duration) ___ 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? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Inspection + History
(Signed) Lewis Cowbaugh M.D.
11/11, 1928 (Address) Deputy Coroner

*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: Mound Grove
DATE OF BURIAL: 11-12 1928

20. UNDERTAKER: C D Carson & Son
ADDRESS: Independence 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.