JAN 23 1929

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

Do not use this space:

1. PLACE OF DEATH
County Jackson
Township Blue
City Independence (No. ..... St. ..... Ward)

Registration District No. 398
Primary Registration District No. 3019

File No. 40454
Registered No. 430

2. FULL NAME William Evans
(a) Residence. No. 108 East College 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. 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 13-1855

7. AGE: Years 73 | Months 7 | Days 28 | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Elevator Operator
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 2 years
(c) Name of employer: Kansas City Star

9. BIRTHPLACE (CITY OR TOWN) London
(STATE OR COUNTRY) England

PARENTS
10. NAME OF FATHER: ? Evans
11. BIRTHPLACE OF FATHER (CITY OR TOWN) London
(STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) England

14. INFORMANT Mrs O. Sturm
(Address) 108 East College

15. FILED 12/13/1928 F. L. Cook
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-11 1928

17. I HEREBY CERTIFY, That I attended deceased from ..... Deputy Coroner, 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:
acute Dilitation heart
~~Chronic Myocarditis~~
92 A
95 B
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ~~Chronic Myocarditis~~
chronic endocarditis (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? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Stanley McHall, M. D.
12-11, 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: Woodlawn Cemetery
DATE OF BURIAL: 12-13 1928

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