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

Do not use this space.

8834

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 1212

Township Kaw — Primary Registration District No. 200 — Registered No.

City Kansas City (No. Kansas City Genl Hosp St. Ward)

2. FULL NAME Bevans Inf.

(a) Residence. No. 4517 Michigan 15 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-17-30

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) General Hospital (STATE OR COUNTRY) Kansas City Mo.

PARENTS

10. NAME OF FATHER Marian Bevans

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Irene DePotter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Petersburg (STATE OR COUNTRY) Illinois

14. INFORMANT Record Clerk (Address) K.C. General Hosp.

15. FILED 3/19, 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-18 1930

17. I HEREBY CERTIFY, That I attended deceased from 3-17, 1930, to 3-18, 1930 that I last saw her alive on 3-18, 1930, and that death occurred, on the date stated above, at 2:25 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prematurity

159 161a (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? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Clin Findings

3-19 (Signed) F E Williams, M. D.

, 1930 (Address) Supt K.C. Genl Hosp

*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	DATE OF BURIAL
Highland Park	3-19-30
20. UNDERTAKER O. V. Mast	ADDRESS 1915 E 15

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.