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.

16225

File No. 26249
Registered No. 21095

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City (No. 6923 Paseo St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME: Elizabeth May Everston
(a) Residence. No. 6923 Paseo St., 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: F
4. COLOR OR RACE: wh
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): Nov 18, 1915
7. AGE: Years 14 Months 6 Days 0 If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Student
(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): Kansas City Mo.

PARENTS
10. NAME OF FATHER: Frank M Everston
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Peru Ind.
12. MAIDEN NAME OF MOTHER: Eleanor De Lauter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Brainard Minn.

14. INFORMANT: Frank M Everston
(Address) 6923 Paseo
15. FILED 5/19, 1930 M. M. Crane REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 18 1930.
17. I HEREBY CERTIFY, That I attended deceased from April 28, 1930, to May 18, 1930 that I last saw h. alive on May 18, 1930, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicemia
8
15B
36 (duration) yrs. mos. 10 ds.
CONTRIBUTORY (SECONDARY) Scarlet fever 9d
Erysipelas (duration) yrs. mos. 21 ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? clinical picture
(Signed) J. Thomas Pittam, M. D.
5/19, 1930 (Address) 744 Rathers Bldg K.C. Mo

*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: May 20 1930
20. UNDERTAKER: J. H. Newcomer's — ADDRESS: Lons K C Mo

Dr. J. H. Pittman
[illegible]
Vic. [illegible]