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.

29970

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. [illegible]

Township Kaw — Primary Registration District No. 1002 — Registered No. 3[illegible]

City Kansas City (No. 3809 Brooklyn Ave. St. ..... Ward)

2. FULL NAME Mrs. Ada P. Evans

(a) Residence. No. 3809 Brooklyn Ave. St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 24 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	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 19, 1860

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70	6	24	

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

9. BIRTHPLACE (CITY OR TOWN) Plainville
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Edward Roe

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

12. MAIDEN NAME OF MOTHER Naomi Hinckley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Dont know

14. INFORMANT Joseph W. Evans
(Address) 3809 Brooklyn Ave.

15. FILED 9/14, 1930 M. M. Crowe REGISTRAR
Asst

2 **MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept-13 1930

17. I HEREBY CERTIFY, That I attended deceased from March, 1930 to Sept, 1930 that I last saw her alive on Sept 12, 1930, and that death occurred, on the date stated above, at 8 30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

72B Hodgkins Disease
130

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Nephritis - acute

(duration) yrs. mos. 4 ds.

65B

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? Removal of Glands.

(Signed) [illegible], M. D.
9/14, 1930 (Address) 405 Waldheim Bldg.

*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
Cremation	Sept. 15/30

20. UNDERTAKER	ADDRESS
Freeman Mortuary	42nd. and Baltimore