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

Do not use this space.

14361

1. PLACE OF DEATH

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

Township: Kaw — Primary Registration District No.: 1002 — Registered No.: 1878

City: Kansas City (No. Trinity Lutheran Hospital St. Ward)

2. FULL NAME Otto Morton Evans

(a) Residence. No. 724 E 8th st St., 1 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)
male	white	divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 17 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
Guess	60		5	

8. OCCUPATION OF DECEASED 06 Formally Lawyer

(a) Trade, profession, or particular kind of work: County Judge

(b) General nature of industry, business, or establishment in which employed (or employer): Fair view Okla

(c) Name of employer: res K. C. Real Estate

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mt Auburn Ill

PARENTS

10. NAME OF FATHER: James Edgar Evans

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

12. MAIDEN NAME OF MOTHER: Hannah Tincher

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ind.

14. INFORMANT (Address): James Alvin Evans, Blue Mound Ill.

15. FILED 4/22, 1931 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH 5 Wednesday

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 22 1931

17. I HEREBY CERTIFY, That I attended deceased from April 15/31, 19..., to April 22, 1931 that I last saw him alive on April 22, 1931, and that death occurred, on the date stated above, at 10.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Fracture 9th 10th 11th Dorsal Vertebrae - Traumatic Myelitis Spinal Cord - Acc Fall from ladder (duration) yrs. mos. wks

CONTRIBUTORY (SECONDARY) acute Pyelonephritis - acute Cystitis - Bronchopneumonia 8 da (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 186A 194 135A ?

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) John H. Ogilvie, M. D.

4-22 1931 (Address) 1002 Argyle

*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
Blue Mound Ill	4/24 1931
20. UNDERTAKER	**ADDRESS**
Eylar Funeral Home	1800 Linwood

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.