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.

MAR 23 1932

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

Do not use this space.

5058

1. PLACE OF DEATH

48

County Jackson — Registration District No. 403 — File No.

Township Brooking — Primary Registration District No. 5557 — Registered No.

City ~~Raytown~~ (No. L. J. Schmania Farm (Near 59th.&Birch) St. Ward)

2. FULL NAME Albert E. Evans Sr.

(a) Residence, No. 59th.& Birch (Schmania Farm) Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 0 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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mary Ellen Evans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-7-1873

7. AGE: YEARS 58 — MONTHS 11 — DAYS 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Interior Decorator 223

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Painting & Papering

10. Date deceased last worked at this occupation (month and year) Two Years

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Elmo Ill. 2

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown 31

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Albert E. Evans Jr. 2015 Penn. Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill Kansas City, Kansas DATE Febr. 23, 1932

19. UNDERTAKER (ADDRESS) H. W. STAHL. 815 W. Maple Indep. Mo.

20. FILED 2-24-, 1932 H. W. Hobbs M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-19-1932, 19

22. I HEREBY CERTIFY, That I attended deceased from DEPUTY CORONER, to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

82A

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Same

82A (1)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [signature], M. D.

(Address) Independence, Mo.