

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

Do not use this space.

22952

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Kaw Primary Registration District No. \_\_\_\_\_  
City Kansas City, Mo (No. 3211 Gillham Road) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 2034  
Registered No. 2034

**2. FULL NAME**

(a) Residence, No. 3211 Gillham Road St., 6 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 <b>F</b>	4. COLOR OR RACE <b>W</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Hurley D. Dallee</b>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Dec. 13, 1868</b>	
7. AGE	YEARS <b>63</b>	MONTHS <b>7</b>	DAYS <b>8</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>At Home</b>		11. Total time (years) spent in this occupation	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>235'</b>		10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>South Wales</b>			
13. NAME <b>David Evans</b>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>South Wales</b>			
15. MAIDEN NAME <b>A. Ann Davis</b>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>South Wales</b>			
17. INFORMANT (ADDRESS) <b>Mrs. Evelyn Robinson Topeka, Ks.</b>			
18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS) <b>Marceline, Mo</b> DATE <b>7-23-32</b>			
19. UNDERTAKER (ADDRESS) <b>R. V. Lindsey &amp; Sons, Inc. R.C.Mo.</b>			
20. FILED <b>July 22</b> , 19 <b>32</b> <b>M. M. Larmer</b> Registrar.			

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 21, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **July 14**, 1932, to **July 21**, 1932.  
I last saw him alive on **July 14**, 1932. Death is said to have occurred on the date stated above, at **3:55** m. PM  
The principal cause of death and related causes of importance were as follows:  
**221 Cerebral hemorrhage**  
**97**  
**221**  
Other contributory causes of importance:  
**Arteriosclerosis** **(D)**

Name of operation **none** Date of \_\_\_\_\_  
What test confirmed diagnosis? **none** Was there an autopsy? **no**

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) **Fred B. Hyger**, M. D.  
(Address) **510 Professional Bldg.**

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.

