

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

Do not use this space.

25678

1. PLACE OF DEATH  
 23 County Clay Registration District No. 192  
 Township Sweet Home Primary Registration District No. 5267  
 City (No. St. Ward)

File No. ....  
 Registered No. ....

2. FULL NAME Roy Martin ~~BUBBHH~~ Everman  
 (a) Residence. No. .... St. .... Ward. ....  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. 6 24 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) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 1 1932

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

8. OCCUPATION OF DECEASED Child

(a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Clark Co Mo  
 (STATE OR COUNTRY)

10. NAME OF FATHER Everett Everman  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) MO  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Essie Kautz  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clark Co Mo  
 (STATE OR COUNTRY)

14. INFORMANT Everett Everman  
 (Address) Revere Mo

15. FILED Aug 24 1932 J. L. McEwell  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 24 1932

17. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1932 to Aug 24, 1932 that I last saw him alive on Aug 23, 1932 and that death occurred, on the date stated above, at .....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cholera Infantum

CONTRIBUTORY (SECONDARY)

(duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

8 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Grace Gray

Aug 24 1932 (Address) Kahoka 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  
Peaksville Cemetery

DATE OF BURIAL  
Aug 25 19

20. UNDERTAKER G W Eppwechart

ADDRESS  
Revere Mo

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.

SEP 22 1932

