

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

Do not use this space.

9517

**1. PLACE OF DEATH**

County Jackson

Registration District No. 399

Township Kan

Primary Registration District No. 3008

City Kansas City

(No. Lakeview Hospital)

File No. \_\_\_\_\_

Registered No. 11019

St. \_\_\_\_\_

Ward \_\_\_\_\_

**2. FULL NAME**

Mrs. Lillian B. Evans

(a) Residence, No. 5021 Forest

St. \_\_\_\_\_

Ward. \_\_\_\_\_

Length of residence in city or town where death occurred 40 yrs. mos. ds.

(If nonresident, give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23, 1875

7. AGE YEARS 27 MONTHS 3 DAYS 11 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 100

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Colorado

13. NAME James Fairhurst

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Helen Randall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

17. INFORMANT (ADDRESS) M. C. Evans 5021 Forest Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 3/8/1933

19. UNDERTAKER (ADDRESS) Funeral Home Kansas City, Mo.

20. FILED 3/7 1933 M. Th. Croove Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-6-1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1933, to March 6, 1933

I last saw h. l. alive on March 6, 1933. Death is said to have occurred on the date stated above, at 9:20 PM

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

Maxim Lobar Parvum Feb 28  
Acute Toxic Myocarditis 1933  
10/8

Other contributory causes of importance:

Acute Toxic Myocarditis March 6-1933

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) George J. Couley, M. D.

(Address) 2010 Elm St. 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.

