

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 945 West 42nd St)

Registration District No. 399
Primary Registration District No. 1002

File No. 16558
Registered No. 2049 Ward

2. FULL NAME R. J. Everett

(a) Residence, No. 945 W. 42nd St. St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mrs. Ada L. Everett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 6, 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
85 1 4

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Retired Teacher

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

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

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

13. NAME Tillman Everett

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

15. MAIDEN NAME Mary Spencer

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

17. INFANT Dr. H. L. Everett
(ADDRESS) 721 Valentine Road, K. C.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Elmwood DATE 5/13/33

19. UNDERTAKER Freeman Mortuary
(ADDRESS) Kansas City, Mo

20. FILED 5-12-33 M. M. Crowe
asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 '33

22. I HEREBY CERTIFY That I attended deceased from Nov 27, 1911, to May 10, 1933
I last saw him alive on May 9, 1933. Death is said to have occurred on the date stated above, at 11:50 a.m.
The principal cause of death and related causes of importance were as follows:

Coronary Stenosis
460

Other contributory causes of importance _____

Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external cause (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) W. J. Fitch M. D.
(Address) 908 Cherokee R. C. 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.

