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.

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

Do not use this space.

16712

File No. 2209

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City, Mo. (No. St Joseph Hospital St. Ward)

Registration District No. 399
Primary Registration District No. 1009

2. FULL NAME Mrs. Ida A. Evans
(a) Residence, No. 4304 Wayne St., 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: 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 John R. Evans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1883

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
50	0	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) St Louis, Missouri

FATHER
13. NAME William A. Landwehr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Bertha De Coe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) John R. Evans 4304 Wayne, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Topeka, Ks. DATE May 25-33, 19

19. UNDERTAKER (ADDRESS) R. V. Lindsey & Sons, Inc K.C.Mo.

20. FILED May 24, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23-33, 19

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1933, to May 23, 1933
I last saw her alive on May 23, 1933 Death is said to have occurred on the date stated above, at 9 PM m.
The principal cause of death and related causes of importance were as follows:

acute Toxic Myocarditis
2-3 weeks duration
460
460

Date of onset

Other contributory causes of importance:
Cancer lesser curvature stomach
undrespected during life

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) G. E. Knappenberger, M. D.
(Address) 934 Argyle Bldg
K. C. Mo.