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.

NOV 20 1933

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

Do not use this space.

33221

File No.

Registered No. 4156

1. PLACE OF DEATH

County JACKSON Registration District No.

Township KAW Primary Registration District No. 002

City KANSAS CITY (No. 4236 EUCLID St. Ward)

2. FULL NAME MISS EVELYN IRENE LE ROUX

(a) Residence, No. 4236 - EUCLID St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 19 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*): SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST-29-1914

7. AGE: Years 19 | Months 1 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

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.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) KANSAS CITY (STATE OR COUNTRY) MISSOURI

FATHER

13. NAME WILFRED LE ROUX

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

MOTHER

15. MAIDEN NAME MYRTLE COOK

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

17. INFORMANT MR. WILFRED LE ROUX (ADDRESS) 4236 Euclid Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE 19

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 2711 EAST 9TH ST.

20. FILED 10-22 1933 M. M. Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933 to Oct 21, 1933

I last saw h[illegible] alive on Oct 20, 1933 Death is said to have occurred on the date stated above, at 1:05 A.m.

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

	Date of onset
Apr 1-33	Apr 1-33
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? clinical 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) [illegible], M. D.

(Address) 311 Argyle Bldg

311 Argyle Bldg.
12:30. 5:30