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.

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

Do not use this space.

40098

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City K.C.Mo. (No. 2023 Prospect St. Ward)

File No.

Registered No. 4903

JAN 26 1934

2. FULL NAME Evelyn Mae Workman

(a) Residence, No. 2023 Prospect St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) --

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1929

7. AGE — YEARS 4 — MONTHS 7 — DAYS 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Kansas City, Mo.

FATHER

13. NAME Cecil G. Workman

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

MOTHER

15. MAIDEN NAME Alice Leavett

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

17. INFORMANT (ADDRESS) Cecil Workman 2023 Propspect

18. BURIAL, CREMATION, OR REMOVAL

PLACE Forest Hill DATE Dec.14-33 19

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

20. FILED 12-14 1933 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/12/33, 19

22. I HEREBY CERTIFY, that I attended deceased from ....., 19.... to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above 1:25 P.m.

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

Typhoid Pneumonia — Date of onset

Intraperitoneal hemorrhage

Other contributory causes of importance:

77

103 B

No 12 15

Name of operation ..... Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

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) [signature] M.D.

(Address) K.C.Mo.

Funeral handled from 00 Maar Drawing Room
by Cleveland Mo undertaker Mr Geo E Myers