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.

APR 2 1934

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

Do not use this space.

1. PLACE OF DEATH

11 County Buchanan — Registration District No. 85 — File No. 7841

5 Township — Primary Registration District No. 1001 — Registered No. 245

9 City St Joseph (No. 706 So 26th St. Ward)

2. FULL NAME Emmett Carol Eversole

(a) Residence, No. 706 So 26 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 M — 4. COLOR OR RACE W — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 29-1933

7. AGE YEARS 0 MONTHS 3 DAYS 2 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) St Joseph Mo

FATHER

13. NAME Lawrence Eversole

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co Mo

MOTHER

15. MAIDEN NAME Ruby Oyerly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo

17. INFORMANT Lawrence Eversole (ADDRESS) 706 So 26

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Auburn DATE Mar 3 1934

19. UNDERTAKER Fleeman Mortuary (ADDRESS) 1946 Colhoun

20. FILED 3-3 1934 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/1, 34, to 3/1, 34

I last saw h.... alive on ...., 19.... Death is said to have occurred on the date stated above, at 9 55 A m.

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

107A

Broncho Pneumonia — Date of onset 3/1/34

Other contributory causes of importance: 107A

Name of operation ..... 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) C S Branson, M. D.

(Address) 620 Francis