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

MAR 20 1935

Do not use this space.

5628

1. PLACE OF DEATH
County Jackson — Registration District No. 379 — File No. [illegible]
Township ~~Kaw~~ — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas City (No. 6433 East 16th Street St. Ward)

2. FULL NAME Ross Evans
(a) Residence, No. 6433 East 16th Street St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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. Dorsie Evans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 30, 1897

7. AGE: 37 YEARS — MONTHS: 3 — DAYS: 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ford Motor Co.
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): Texas

FATHER
13. NAME: Stephen Evans
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER
15. MAIDEN NAME: Mary Standfield
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgia

17. INFORMANT (ADDRESS): Mrs. Dorsie Evans, 6433 East 16th Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jones, Okla DATE Feb. 28, 1935

19. UNDERTAKER (ADDRESS): Freeman Mortuary & Chapel, 104 West 42nd Street

20. FILED 28, 1935 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 21, 1935, to February 26, 1935
I last saw him alive on February, 1926. Death is said to have occurred on the date stated above, at 8:15 a.m.
The principal cause of death and related causes of importance were as follows:

Myocardial Failure
Toxic Myocarditis

Date of onset

Other contributory causes of importance:
Pneumonia Confluent
Bronchial
Influenza

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) Charles Blasher, M. D.
(Address) 1103 Grand