

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.

MAY 24 1935

13056

1. PLACE OF DEATH

County Jackson Registration District No. \_\_\_\_\_  
Township Kaw Primary Registration District No. \_\_\_\_\_  
City Kansas City, Mo. (No. 5017 East 6th St.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1758

2. FULL NAME Samuel Wolford Evans

(a) Residence, No. 5017 East 6th St. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 31, 1863

7. AGE YEARS 71 MONTHS 7 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. Carpenter

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) Indiana

MOTHER 13. NAME Robert Evans

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

15. MAIDEN NAME Pauline Ann

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

17. INFORMANT Mrs. Mollie Evans  
(ADDRESS) 5017 East 6th St. K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedarville, Mo. DATE Apr. 27-35 19

19. UNDERTAKER C.H. Blackman & Son, Inc.  
(ADDRESS) 2825 Indep. Blvd. K.C. Mo.

20. FILED 4-25 1935 m m Enosse  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 24-35, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to Apr. 24, 1935

I last saw h.l. alive on Apr. 24, 1935 Death is said to have occurred on the date stated above, at 5:30 PM

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

Chronic Cardiac-Renal disease Date of onset Jan. 1, 1935

Other contributory causes of importance:

anasarca

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Stetho 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) James E. Walker, M. D.

(Address) 1424 Popper Rd.

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