

OCT 22 1935

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

Do not use this space.

29704

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Rain Primary Registration District No. 1002  
City Kansas City No. Gen. Hosp #2

File No. \_\_\_\_\_  
Registered No. 58119  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Marion Evans

(a) Residence, No. 1710 Park 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 <u>Male</u>	4. COLOR OR RACE <u>Nepa</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>unknown</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE	YEARS	MONTHS
	<u>40</u>	
		DAYS
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labor</u>	
	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
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	17. INFORMANT <u>Wm. Appleton + Jane</u> (ADDRESS)	
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Leads</u> DATE <u>Sept 27 35</u>		
19. UNDERTAKER <u>Wm. Appleton + Jane</u> (ADDRESS) <u>1600 N. 19th</u>		
20. FILED <u>Sept 26 1935</u> <u>3:30 p.m.</u> <u>Verone</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-25-35, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-16-35, 1935, to 9-25-35, 1935.  
I last saw him alive on 9-25-35, 1935. Death is said to have occurred on the date stated above, at 7:50 p.m.  
The principal cause of death and related causes of importance were as follows:  
Dementia Praecox (Paranoid type)  
Starvation  
Toxemia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Thymol - Globulin 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 \_\_\_\_\_, 1935  
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) G. E. Dineen M. D.  
(Address) General Hospital #2

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.

