OCT 22 1935

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

Do not use this space.

29745

File No. 3753

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 593

Township Kaw — Primary Registration District No.

City Kansas City (No. Vineyard Park Hospital St. Ward)

2. FULL NAME Mrs. Mayme F. Everest

(a) Residence, No. 617 West 70th Terrace 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Fred W. Everest

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11, 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	51	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Centralia Mo.

FATHER

13. NAME John L. Pinnell

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

MOTHER

15. MAIDEN NAME Eliza Roberts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hallsville Mo.

17. INFORMANT (ADDRESS) Mrs. Pansy B. Topping 1017 West Gregory Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE SEPT-30 1935

19. UNDERTAKER (ADDRESS) D. W. Newcomer's Sons 2111 East 9th

20. FILED Sept 30, 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27, 1935

22. I HEREBY CERTIFY That I attended deceased from Apparently Crowe, 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4:40 P.m.

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

Second and third degree burns of entire body 181

Date of onset

Other contributory causes of importance:

(House did not burn)

Name of operation Autopsy Date of ...

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ..., 19...

Where did injury occur? 617 W 70th Terrace Kaw (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Burned in explosion cleaning fluid

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ..., M. D.

(Address) Kaw

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.