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.

THIS IS A PERMANENT RECORD

APR 20 1936

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

Do not use this space.
10459

File No.
Registered No. 142

1. PLACE OF DEATH

County Jackson — Registration District No. 398
Township ~~East Blue~~ — Primary Registration District No. 5334
City ~~Kansas City~~ (No. 1600 N. Main & Jones St. Ward)

2. FULL NAME John Evans

(a) Residence, No. 1600 N. Main & Jones 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: Male
4. COLOR OR RACE: Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ~~Josephine Evans~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): About 1855

7. AGE: Years: About 80 — Months: — Days: — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): Missouri

FATHER
13. NAME: Jordan Evans
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER
15. MAIDEN NAME: Fannie unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Gertrude Douglas

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Woodlawn — DATE: 4/5 1936

19. UNDERTAKER (ADDRESS): Watkins Bros 1729 Lydia

20. FILED 4-7-1936 — J. L. Cook, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1935, to Mar 25, 1936
I last saw ~~alive~~ on Mar 25, 1936. Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

Nephritis Chronic — Date of onset Nov 24 1935

Other contributory causes of importance:

Metrolbesentfemur — Date of onset Dec 1935

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

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?
If so, specify
(Signed) S. H. Griffin M. D.
(Address) Decedp. Mo. 109 E. Maple