

JUN 17 1936

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

Do not use this space.

18618

1. PLACE OF DEATH

County BUCHANAN
Township WASHINGTON
City ST. JOSEPH, MO. (No. 3411 MITCHELL AVE.)

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 703
St. _____ Ward _____

2. FULL NAME MISSOURI ANN EVERETT

(a) Residence, No. 3411 MITCHELL AVE., St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WIDOW OF ANDREW J. EVERETT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER 31, 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
78 6 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) BUCHANAN Co. Mo.

FATHER 13. NAME W. B. HOLLAND

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

MOTHER 15. MAIDEN NAME JAILY STORY

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

17. INFORMANT (ADDRESS) D. P. GRIMES

18. BURIAL, CREMATION, OR REMOVAL PLACE GOWER, Mo. DATE May 17, 1936

19. UNDERTAKER (ADDRESS) FLEEMAN & SON, INC.
St. Joseph, Mo.

20. FILED May 16, 1936 [Signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 15, 1936 .19

22. I HEREBY CERTIFY, That I attended deceased from 5/9, 1936, to 5/15, 1936

I last saw h. ER. alive on 5/15, 1936. Death is said to have occurred on the date stated above, at 3:00 A.M.

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

Arterio Sclerosis
Arterio Sclerosis.

Date of onset

Other contributory causes of importance:

Hypertension.

Name of operation None 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 1936

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 none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) [Signature], M. D.
(Address) Physician [Address]

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.

