

JUN 6 1936

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. St. Lukes Hospital) St. _____ Ward _____

File No. 21429
Registered No. 5670

2. FULL NAME

Dr Percy B Everden

(a) Residence, No. 5639 Julian St. 5 Ward.

Length of residence in city or town where death occurred 34 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myra W. Everden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
71 10 3

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

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) May 17, 1936 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Myra W. Everden (ADDRESS) 5639 Julian

18. BURIAL, CREMATION, OR REMOVAL PLACE Walshalls Crematory DATE May 31, 1936

19. UNDERTAKER Alexander & Sons (ADDRESS) Delmar

20. FILED MAY 29 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 1936

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1936, to May 28, 1936

I last saw him alive on May 28, 1936 Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Chronic myocarditis Date of onset ?
Cardiac decompensation

Other contributory causes of importance: ?

Name of operation Thoracentesis Date of S. 25826-36

What test confirmed diagnosis? ? 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) Charles H. Ferguson M. D.

(Address) St. Lukes Hospital St. Louis, Mo.

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.

