

OCT 15 1936 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH  
County Jackson Registration District No. 299 File No. 34621  
Township Kaw Primary Registration District No. 1002 Registered No. 4354  
City Kansas City, Mo. (No. Research Hosp St.          Ward)         

2. FULL NAME Bonnie Jean Evans  
(a) Residence, No. Parkville, Mo. R3 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. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF           
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Febr 11 1933  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
3 7 6 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant  
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) Kansas City Mo

FATHER 13. NAME Clarence L. Evans

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

MOTHER 15. MAIDEN NAME Ruby Price

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

17. INFORMANT (ADDRESS) Clarence L. Evans  
Parkville mo R3

18. BURIAL, CREMATION, OR REMOVAL PLACE German Cemetery DATE Sept 28 36

19. UNDERTAKER (ADDRESS) Morton Funeral Home  
no Kansas City, mo

20. FILED Sept 28 1936 M. M. Brown  
Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25 1936  
22. I HEREBY CERTIFY, THAT I attended deceased from Sept 25 1936, to Sept 25 1936  
I last saw h. n. alive on Sept 25 1936 Death is said to have occurred on the date stated above, at 4 P m.  
The principal cause of death and related causes of importance were as follows:

Acute enterocolitis Date of onset           
          
          
Other contributory causes of importance: Ferruginous

Name of operation none Date of           
What test confirmed diagnosis? Autopsy 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?           
Also, specify           
(Signed) Burwell R. Hodge, M. D.  
(Address) North Kansas City Mo

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.

