

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.

JAN 19 1936

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

Do not use this space.

45007²⁷

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City, Mo.

Registration District No. 399
Primary Registration District No. 1007

File No. 2500
Registered No. 2500
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 4718 W 49th K.C. Kansas Ward. 4718 W. 49th K.C. Mo.
(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 <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 18 - 1935</u>		
7. AGE	YEARS	MONTHS
<u>1</u>	<u>8</u>	<u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>		
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) <u>K.C. Mo.</u>		
13. NAME <u>John Evans</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cole, Co. Mo.</u>		
15. MAIDEN NAME <u>Mable Scott</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>K.C. Kansas</u>		
17. INFORMANT (ADDRESS) <u>John Evans 4718 W 49th</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Hill</u> DATE <u>Dec 29 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Gate General Home K.C. Kansas</u>		
20. FILED <u>Dec 28 36 M. M. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27 193622. I HEREBY CERTIFY, That I attended deceased from Dec 17 1936 to Dec 27 1936I last saw her alive on Dec 27 1936, Death is saidto have occurred on the date stated above, at 11 A. am.

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

Laryngeal Diphtheria Date of onset Dec 16 1936

Other contributory causes of importance:

Name of operation Tracheotomy Date of 12-17-36What test confirmed diagnosis? Lab. 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.

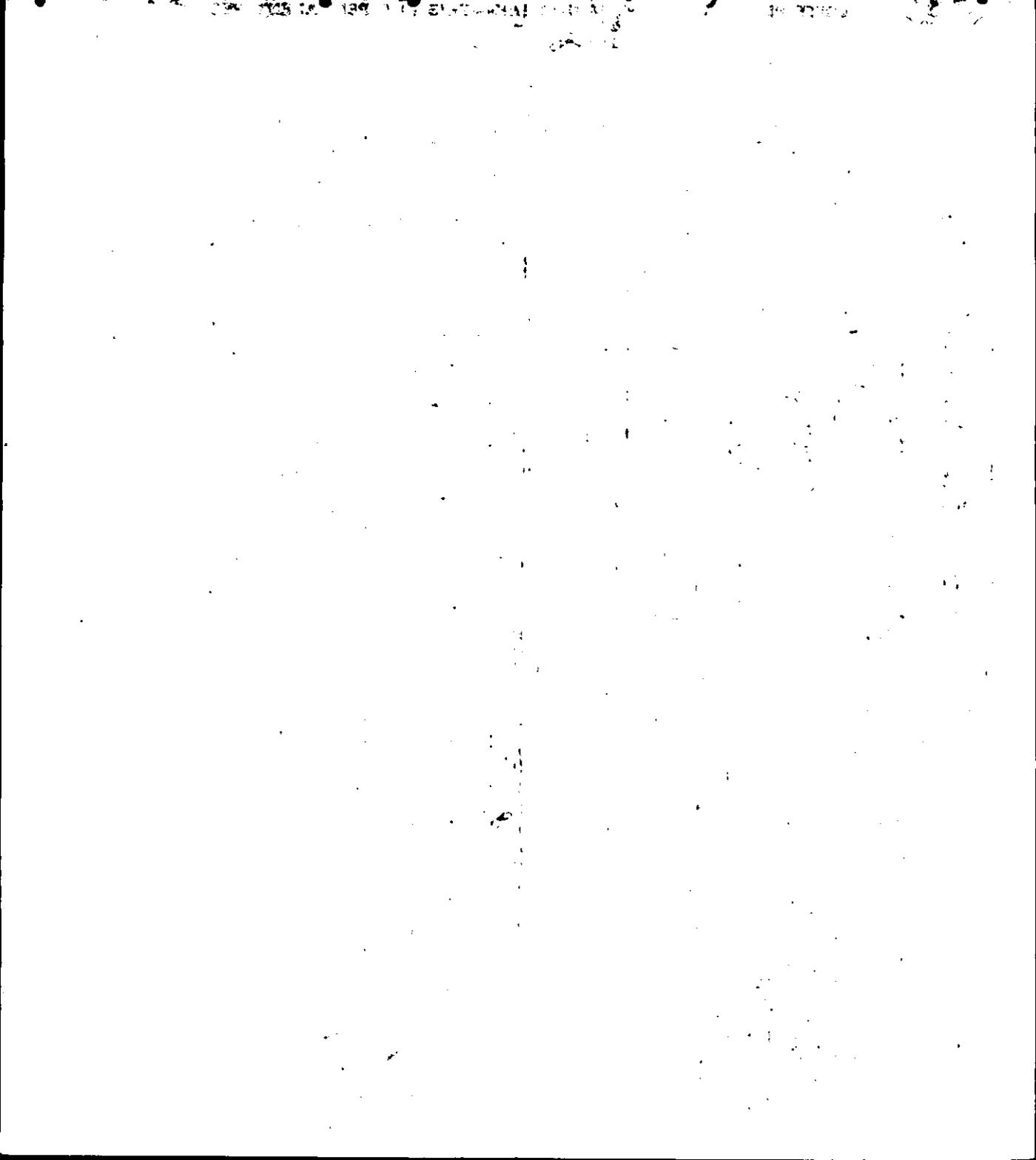
Manner of injury _____

Nature of injury _____

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

If so, specify _____

(Signed) Charles Aldredge M. D.(Address) 6247 Brookside



**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. _____
 Township Raw Primary Registration District No. _____
 City K 6 mo No. Mercy Hospital St. _____ Ward) _____

File No. _____
 Registered No. 5591

2. FULL NAME

Shirley Lou Evans
 (a) Residence, No. 4718 W. 49th 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 _____ 4. COLOR OR RACE _____ 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED Dec 28 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27 1936

22. HEREBY CERTIFY, That I attended deceased from Dec. 17 1936 to Dec 27 1936

I last saw her alive on Dec. 27 1936 Death is said to have occurred on the date stated above, at 11a m.

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

DIARY
Non specific Jaundice - 12-16-36
Jacques - Bronchitis
 Other contributory causes of importance: Bilateral Broncho Pneumonia - 12-20-36
None

Name of operation Jacochotomy Date of 12-27-36
 What test confirmed diagnosis? Zat. 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? _____
 If so, specify _____

(Signed) Charles Eldridge M. D.
 (Address) 6247 Brookside Blvd
K.C. Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

1-2704

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.

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