

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

Do not use this space.

MAY 15 1937

1. PLACE OF DEATH

County *Jackson*

Registration District No. *399*

Township *Kew*

Primary Registration District No. *1002*

City *Kansas City* (No. *K-C*)

San Joseph

File No. *15268*

Registered No. *181*

St. *181* (Ward)

2. FULL NAME

(a) Residence, No. *1534 Troon* St. *181* 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 *Fe* 4. COLOR OR RACE *wh* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 5, 1909*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *27 11 10*

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. *Housework*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*
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) *Browningsville Mo*

13. NAME *James Eversole*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Browningsville Mo*

15. MAIDEN NAME *Cora Tucker*

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

17. INFORMANT *Mrs. M. D. Eversole* (ADDRESS) *409 Lewis Court*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Browningsville Mo* DATE *Apr. 17, 1937*

19. UNDERTAKER *Jessie & Thoburn Co* (ADDRESS) *220 W. Broadway*

20. FILED *4-17-37* *M. M. Crowe* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5/15/37*, 19

22. I HEREBY CERTIFY that I attended deceased from *9:45 PM* to *10:15 PM*, 19

I last saw him live on *5/15/37* Death is said to have occurred on the date stated above, at *9:45 PM*.

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

acute nephritis (arteriosclerotic) anemia

Other contributory causes of importance: *no*

Name of operation *Autopsy* Date of *4/20*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *no* Date of injury *4/20*, 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 *no* Nature of injury *no*

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

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

WRITE PRINTED 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.

