

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

Do not use this space.

26450

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City, Mo. (No. 333 S. Bellaire)

File No. 3163
Registered No. 3163
St. _____ Ward _____

2. FULL NAME Charles Thomas Everhart

(a) Residence, No. 333 S. Bellaire 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27th, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936 to July 27th, 1937.
I last saw him alive on July 26, 1937. Death is said to have occurred on the date stated above, at 6:30 AM

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1893

The principal cause of death and related causes of importance were as follows:
Cirrhosis of Liver Date of onset _____

7. AGE YEARS 43 MONTHS 11 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

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

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 _____

Other contributory causes of importance: _____

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

13. NAME Daniel Everhart

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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

15. MAIDEN NAME Unknown

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.

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

17. INFORMANT Mrs. Opal Everhart
(ADDRESS) 333 S. Bellaire, K.C. Mo.

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE July 29- 1937

19. UNDERTAKER C.H. Blackman & Son, Inc.
(ADDRESS) 2825 Indep. Blvd. K.C. Mo.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) O. J. Priddy M. D.
(Address) 10240 E. 102nd

20. FILED July 28, 1937 M. M. Kenow
Registrar.

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.

199
31

Dr. O. Jack Printz, Prof. Bldg.