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.

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

Do not use this space.

SEP 21 1937

29886

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No.

City K. C. Mo. (No. 700 East 25th. St. Ward)

2. FULL NAME Mrs. Rose EVERMONDE

(a) Residence, No. 700 East 25th St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William Evermonde

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 27, 1866

7. AGE: YEARS 70 — MONTHS 10 — DAYS 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Resturant Operator
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): Iowa.

FATHER

13. NAME: James V. Gordy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs J?M.Lloyd 700 East 25th, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Aug. 25, 1937

19. UNDERTAKER (ADDRESS): Mellody-McGilley K.C.Mo.

20. FILED Aug. 26, 1937 M.M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/15/37, 19

22. I HEREBY CERTIFY, That I attended deceased from [signature], 19, to, 19

I last saw h..... alive on 8 30 A, 19 Death is said to have occurred on the date stated above, at ....m.

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

Coronary thrombosis — Date of onset

94/B

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? [signature] Was there an autopsy?

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) [signature], M. D.
(Address) [signature]