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.

NOV 18 1937

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

Do not use this space.

File No. 37885

Registered No. 64

1. PLACE OF DEATH

County Jackson Registration District No. 404

Township ~~Kaw~~ Washington Primary Registration District No. 1338

City ~~Kansas City~~ (No. 8444 Wornall St. Ward)

2. FULL NAME Mrs. Eva Lena Marks

(a) Residence, No. 8444 Wornall 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)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gilbert D. Marks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
68	2	2	

OCCUPATION

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

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) Whitewater Wis.

FATHER

13. NAME Charles A. Pratt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Whitewater Wis.

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Douglas Marks
(ADDRESS) 1108 E. 40th

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Oct. 8, 1937

19. UNDERTAKER D. W. Newcomer's Sons
(ADDRESS)

20. FILED 11-8-1937 Mrs Jos. T. Brennan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:50A

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

Chronic myocarditis

Date of onset

Other contributory causes of importance:

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

What test confirmed diagnosis ..... 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) ....., M. D.

(Address) .....