

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

Do not use this space.

44446

JAN 17 1938

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kansas City, Mo. Primary Registration District No. 1002
 City Evelyn Joyce Montavey (No. 637 Garfield) St. 118 Ward 118
 2. FULL NAME 637 Garfield
 (a) Residence, No. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>None</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 30, 1937</u>		
7. AGE YEARS	MONTHS	DAYS
<u>Stillborn</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>		
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>Kansas City, Mo.</u>		
13. NAME <u>Lawrence Lenord Montavey</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas city, Mo. 1</u>		
15. MAIDEN NAME <u>Doris Elizabeth Davis</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mt. Grove, Mo. 1</u>		
17. INFORMANT <u>Leonard Montavey</u> (ADDRESS) <u>637 Garfield</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Open lawn</u> DATE <u>11-2</u> 19 <u>37</u>		
19. UNDERTAKER <u>Shield Funeral Home</u> (ADDRESS) <u>606 Trade ave.</u>		
20. FILED <u>Nov 2</u> 19 <u>37</u> <u>M. M. Grove</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/30/37 . 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1937, to Oct. 31, 1937.

I last saw h. _____ alive on _____, 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:
Stillborn infant - exact cause unknown Date of onset _____

Other contributory causes of importance:
Mother had small pelvis - fairly large baby

Name of operation forceps delivery Date of _____ 10/30/37
 What test confirmed diagnosis? _____ Was there an autopsy? N.O.

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) R. A. Murren 3 DD
 (Address) 2740 Park Ave -

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.

