

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.

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

Do not use this space.

REC'D JUL 12 1938

1. PLACE OF DEATH

County Jackson Registration District No. 395
 Township Rain Primary Registration District No. 1002
 City Kennett (No. 6415, Jefferson) St. _____ Ward _____

File No. 20919
 Registered No. 2369

2. FULL NAME

Mrs. Martha Frances Evered 163
 (a) Residence, No. 6415 Jefferson St., _____ Ward _____
 (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John J. Evered

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>62</u>	<u>11</u>	<u>18</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery city Md.

13. NAME James Halland Jones

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

15. MAIDEN NAME Margaret Leatch

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

17. INFORMANT Mr. Miles C. Thomas
 (ADDRESS) 6415 Jefferson

18. BURIAL, CREMATION, OR REMOVAL PLACE Montgomery city DATE June 31

19. UNDERTAKER Dunwoode's Sons
 (ADDRESS) Kennett, Mo.

20. FILED June 12, 1938 M. M. Brown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1938, 1938, to June 11, 1938

I last saw h. or alive on June 7, 1938 Death is said to have occurred on the date stated above, at 11:55 A.M.

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

Reflexure of heart
Coronary sclerosis
 Date of onset _____
 Other contributory causes of importance: hypertension

Name of operation L Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? L Date of injury _____, 1938

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) Paul F. Stokely, M. D.
 (Address) 822 Argyle St. Kennett, Mo.

Dr Paul Steenkamp
argyle.