

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

Do not use this space.

41049

**1. PLACE OF DEATH**

County Jackson  
Township New  
City Kansas City (No. 2447 Chenwood)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 5430  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ms. Martha Ann Evans  
(a) Residence. No. 2447 Chenwood St., 14 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred . yrs. 1 mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. Wm. Evans  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 6 - 1857  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 77 11 19

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Home  
(b) General nature of industry, business, or establishment in which employed (or employer) mother  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Harvey Co. Calhoun Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER George East  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky.  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Mary T. Goff  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Penn  
(STATE OR COUNTRY)

14. INFORMANT Mr. Richard Steadman  
(Address) 2454 Lawn

15. FILED 12-16-28 M.M. Brown  
as at REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

✓ 16. DATE OF DEATH (MONTH, DAY AND YEAR) Tuesday Dec. 25 1928  
17. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1928, to Dec 25, 1928 (but I last saw her alive on Dec 14, 1928, and that death occurred, on the date stated above, at 5 P. m.)

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Myocarditis  
acute Bronchitis  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH, \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
(Signed) Art W. Lane, M. D.  
Dec 6, 1928 (Address) 2200 E. 13th

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clinton Mo. DATE OF BURIAL Dec. 27 1928

20. UNDERTAKER Clyde Funeral Home 1800 Linwood  
ADDRESS \_\_\_\_\_

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

