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

Do not use this space.
4721
37071

1. PLACE OF DEATH
County: Jackson Registration District No.: File No.:
Township: Kaw Primary Registration District No.: Registered No.:
City: Kansas City (No. Kansas City Genl Hosp St. Ward)

2. FULL NAME: Alumbaugh, Evelyn
(a) Residence. No. 1100 Penn St., 1 Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 3 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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	6	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Kansas

PARENTS
10. NAME OF FATHER John Davis
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ford Texas
12. MAIDEN NAME OF MOTHER Ford Texas
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ford Texas

14. INFORMANT Record Clerk
(Address) Kansas City Gen. Hosp

15. FILED 11-24, 1928 M M Crow
and REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-23 1928

17. I HEREBY CERTIFY, That I attended deceased from 11-20, 1928, to 11-23, 1928, that I last saw him alive on 11-23, 1928, and that death occurred, on the date stated above, at 10:05 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Endocarditis and Chronic Myocarditis
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clin. Findings
(Signed) P. E. Williams, M. D
10-24, 1928 (Address) Supt K. C. Genl Hosp

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Fairmount Kansas
DATE OF BURIAL: 11-24 1928
20. UNDERTAKER: [illegible]
ADDRESS: 1115 East 15

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.