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.

Registration District No. 399 File No. 25083

Primary Registration District No. 1003 Registered No. [illegible]

1. PLACE OF DEATH

County: Jackson

Township: Raw

City: Kansas City (No. St. Mary's Hospital St. Ward)

2. FULL NAME Allen Eugene Everson

(a) Residence. No. 409 Division St. — Rosedale, Kan.
(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)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 2, 1929.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	8	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) Kansas City
(STATE OR COUNTRY) Kansas

PARENTS

10. NAME OF FATHER Allen J. Everson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) K.C.
(STATE OR COUNTRY) Kansas

12. MAIDEN NAME OF MOTHER Helen Birdsong

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT Allen J. Everson
(Address) 409 Division St.

15. FILED 7/16, 1931 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15th- 1931.

17. I HEREBY CERTIFY, That I attended deceased from 7-11, 1931, to 7-15, 1931, that I last saw h alive on 7-15, 1931, and that death occurred, on the date stated above, at 4-30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastroenteritis, acute

1198 [illegible] (duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Infant

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Rosedale Ks

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms

(Signed) [illegible], M. D.

7-16, 1931 (Address) Rosedale Ks

*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	DATE OF BURIAL
Maple Hill	July 17, 1931
20. UNDERTAKER	**ADDRESS**
Gates Funeral Home	K.C. Kans.

Dr. C. E. Sanders.