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.

37588

1. PLACE OF DEATH

County: Jackson — Registration District No.: — File No.: —

Township: Raw — Primary Registration District No.: — Registered No.: —

City: K. C. (No. 1832 Kansas Ave St. Ward)

2. FULL NAME John Argus Evans

(a) Residence. No. 1832 Kansas Ave St. 11 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mina C. Evans

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch. 15, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	70	7	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(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): N. Y.

PARENTS

10. NAME OF FATHER: John E. Evans
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): N. Y.
12. MAIDEN NAME OF MOTHER: Jane Patterson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): N. Y.

14. INFORMANT: Mrs. Mina Evans
(Address) 1832 Kansas Ave

15. FILED 11/5, 1931 M. M. Cosgrove REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 3, 1931

17. I HEREBY CERTIFY, That I attended deceased from 11-3-31, to 11-3, 1931, that I last saw h. alive on 11-3, 1931, and that death occurred, on the date stated above, at 5 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute dilatation of heart
9.3c
9.8B
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
~~Two years~~
(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? Clinical

(Signed) H. Cummings Rodman M. D.
11-4, 1931 (Address) 6520 Indep. Ave.

*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
Forest Hill	Nov 5, 1931
20. UNDERTAKER	**ADDRESS**
C. H. Blackman & Son	City