

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

Do not use this space.

34927

1933

1. PLACE OF DEATH
 3 County Caldwell Registration District No. 96
 4 Township _____ Primary Registration District No. 4058
 2 City Hamilton Mo. (No. _____) St. _____ Ward _____
 2. FULL NAME John H. Everett
 (a) Residence, No. _____ St. _____ 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.

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mellie Everett
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 8, 1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 _____
 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. Mail Carrier
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 21

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kingston Mo.
 13. NAME W. R. Everett
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Conover Ohio
 15. MAIDEN NAME Elizabeth Guernsey
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 17. INFORMANT Ray Everett
 (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL PLACE Kingston Mo. DATE Nov 16, 1932
 19. UNDERTAKER John Haughton
 (ADDRESS) Hamilton Mo.
 20. FILED Nov. 26, 1932 Irma Kemper
 Registrar.

A MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14, 1932
 22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932 to Nov 14, 1932
 I last saw him alive on Nov 13, 1932 Death is said to have occurred on the date stated above, at 5 A. m.
 The principal cause of death and related causes of importance were as follows:
Parkinsons Disease Date of onset _____
87B 87B
 Other contributory causes of importance: _____
 Name of operation None Date of _____
 What test confirmed diagnosis Physical Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 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? No
 If so, specify _____
 (Signed) Lee J. Ends, M. D.
 (Address) Hamilton Mo.

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.

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