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.

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

Do not use this space.

28403

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 3

City St Louis (No. St Lukes Hospital St. ..... Ward)

File No. .....

Registered No. 7188

2. FULL NAME Henry North Eversole

(a) Residence, No. 7239 Lindell Blvd St., 12 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-3-1889

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
45	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

FATHER

13. NAME Frank R. Eversole

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caledonia Mo.

MOTHER

15. MAIDEN NAME Fanny North

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gray Summit Mo.

17. INFORMANT (ADDRESS) Frank R. Eversole 1016 Grandview Place

18. BURIAL, CREMATION, OR REMOVAL

PLACE Caledonia Mo. DATE Aug. 22 1933

19. UNDERTAKER (ADDRESS) Alexander & Sons 6175 Delmar Blvd.

20. FILED AUG 21 1933 J F Bredeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from August 3, 1933, to August 20, 1933

I last saw him alive on August 20, 1933. Death is said to have occurred on the date stated above, at 12.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic diffuse nephritis	2 yrs.
Hypertension	2 yrs.
131	
932	
92	

131

Other contributory causes of importance:

Chronic myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical exam + blood 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) Wm. G. Backe, M. D.

(Address) 3720 Washington

OCT 20 1980