

APR 20 1936

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

Do not use this space.

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1. PLACE OF DEATH

County Jackson  
Township Grains  
City Summit (No. ....)

Registration District No. 400  
Primary Registration District No. 5553B

File No. ....  
Registered No. 71  
St. .... Ward)

2. FULL NAME

Joel Thompson Evertson

(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 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary M. Evertson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 28 - 1857</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>1</u>	DAYS <u>29</u>
If LESS than 1 day, .... hrs. or .... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>6'</u>
	10. Date deceased last worked at this occupation (month and year) <u>1935</u>
	11. Total time (years) spent in this occupation <u>all</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Punxsutawney Ill.

13. NAME William Evertson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Sarah March

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT Harry W. Evertson  
(ADDRESS) Summit

18. BURIAL, CREMATION OR REMOVAL PLACE Summit DATE 3/29

19. UNDERTAKER W. B. Langford  
(ADDRESS) Summit

20. FILED Apr 28 1936 William J. Fields  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 24, 1936, to Mar. 27, 1936

I last saw him alive on Mar. 27, 1936. Death is said to have occurred on the date stated above, at 10 P.M.

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

Uremia  
senility  
several years  
Date of onset 1936 Mar 22

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.....

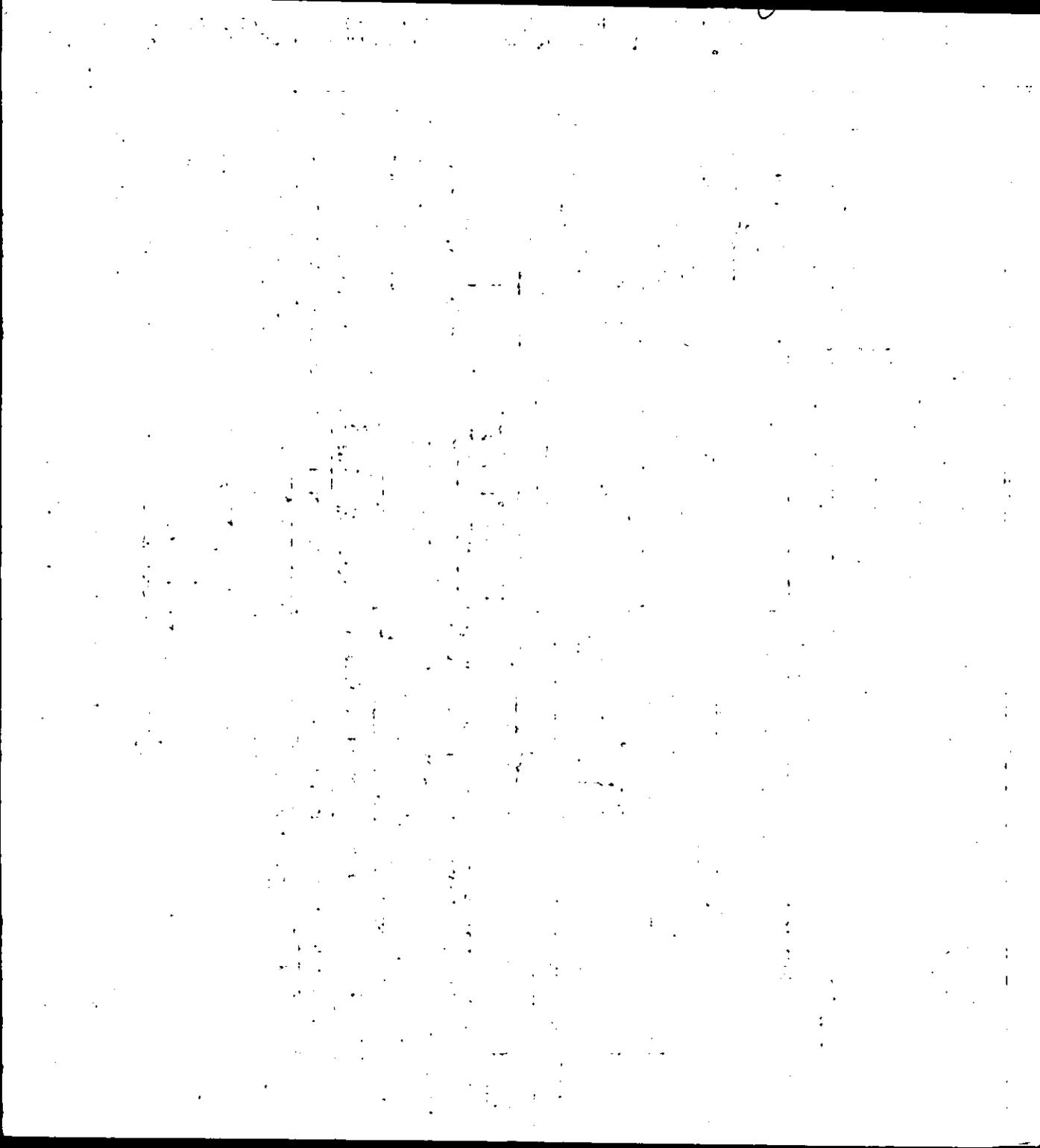
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify Uremia  
(Signed) W. B. Langford, M. D.

(Address) Summit, 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.



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

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**1. PLACE OF DEATH**

County Jackson  
Township Prairie  
City (No. ....) St. .... Ward)

Registration District No. 400  
Primary Registration District No. 55-53B

File No. ....  
Registered No. 71

**2. FULL NAME**

Joel Thompson Weston

(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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
79 1 29

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.  
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)

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19 .....

19. UNDERTAKER (ADDRESS)

20. FILED 6/18 1936 William J. Fields Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19 ....., to ....., 19 .....

I last saw h..... alive on ....., 19 ....., Death is said to have occurred on the date stated above, at ....., m.

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

Uremia  
due to cause of poor  
functioning kidneys  
affected with  
arteriosclerosis of the  
arteries  
Chronic nephritis in  
this case was due  
to arteriosclerosis

Date of onset

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external cause (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? .....  
If so, specify .....  
(Signed) A. G. Swaney M. D.  
(Address) Lee's Summit Mo

SUPPLEMENT

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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