

MAY 18 1936

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

Do not use this space.

14110

## 1. PLACE OF DEATH

County BuchananRegistration District No. 1001Township St. JosephPrimary Registration District No. 6707 Mack St.City St. Joseph(No. 6707 Mack St.)File No. 500Registered No. 500St.          Ward         2. FULL NAME Ellen K. Evarts(a) Residence, No. 6707 Mack St. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oren C. Evarts6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>76</u>	<u>8</u>	<u>17</u>	

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

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) Marshalltown Iowa13. NAME Frank Hubbard14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown New York15. MAIDEN NAME Idellia Kellogg16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cattergus Co. New York17. INFORMANT (ADDRESS) Mrs. Henry Jackson 6707 Mack St.18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cem. DATE April 4, '3619. UNDERTAKER (ADDRESS) Clark Mortuary 5025 King Hill Av.20. FILED H-3 19 36

John H. Bender  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 193622. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1936 to April 3, 1936I last saw her alive on April 1, 1936. Death is saidto have occurred on the date stated above, at 2:30 A.M.

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

Cerebral Apoplexy

Date of onset

Mar 1

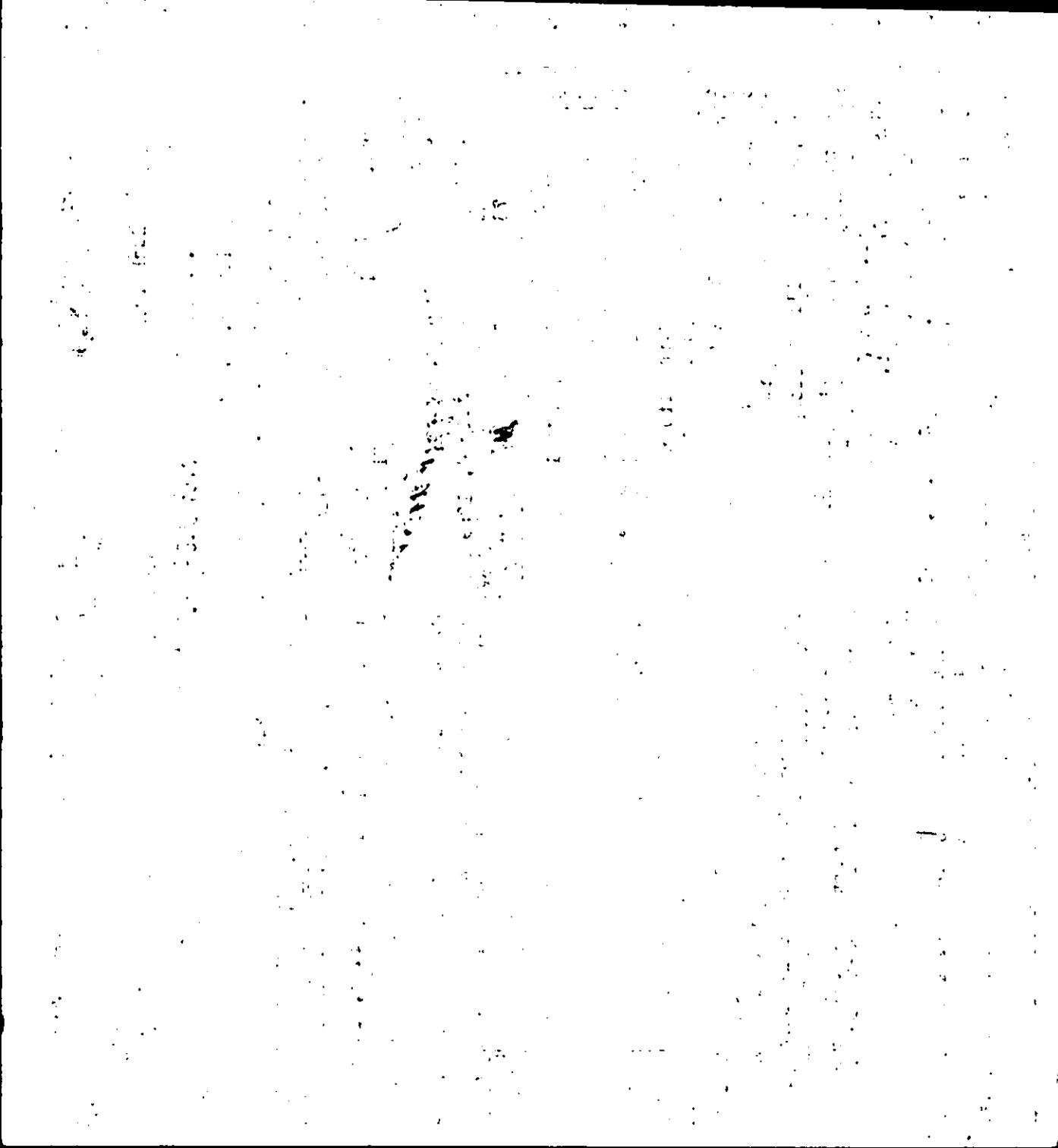
Other contributory causes of importance:

Arterio Sclerosis and Intestinal Neoplasm

Date of onset

UnknownName of operation          Date of         What test confirmed diagnosis? Autopsy Was there an autopsy? No23. 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? NoIf so, specify         (Signed) Hellene A. Robertson, M. D.(Address) St. Joseph Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

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**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
Township St Joseph Primary Registration District No. 1001  
City St Joseph (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 506

**2. FULL NAME**

Ellen K. Everts  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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.  
76 8 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 4/3 1936 John A. Buder Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 3 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:

Arteriosclerosis and interstitial nephritis  
Chronic Interstitial Nephritis  
Date of onset 131

Other contributory causes of importance:  
Arteriosclerosis and interstitial nephritis  
Chronic Interstitial Nephritis

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

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 \_\_\_\_\_  
(Signed) William A. Robertson M. D.  
(Address) St Joseph Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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