

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.

NOV 15 1937

1. PLACE OF DEATH

County Buchanan
 Township
 City St. Joseph (No. 1923 Union Street)

Registration District No. 85
 Primary Registration District No. 100

File No. 37120
 Registered No. 1094
 St. _____ Ward _____

2. FULL NAME Mansell Pulley Everett

(a) Residence, No. Flag Springs St. _____ Ward. Flag Springs, Mo.
 (Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 15 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 Clovela Everett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1904

7. AGE YEARS 33 MONTHS 4 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Agriculture
 10. Date deceased last worked at this occupation (month and year) February 1937 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St.anksdale, Missouri

13. NAME (Father) Charles C. Everett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stewartsville, Clinton County, Mo.

15. MAIDEN NAME (Mother) Miranda Pulley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St.anksdale, Missouri

17. INFORMANT (ADDRESS) James G. Gammichael, 718 N. 8th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Chapel DATE Oct. 5, 1937

19. UNDERTAKER (ADDRESS) Lucille Wilson, Union City, Mo.

20. FILED Oct. 5, 1937 H. J. Nestlebusch, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb., 1937 to Oct 2, 1937

I last saw him/her alive on Oct 3, 1937. Death is said to have occurred on the date stated above, at 12 P. m.

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

Rectal carcinoma with metastasis to liver

Other contributory causes of importance:

Name of operation Colostomy Date of Aug. 30
 What test confirmed diagnosis? Urinary Was there an autopsy? Yes

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) Dr. W. S. Kelly M. D.
 (Address) Savannah, Mo.

OCT 7 1946