JUL 26 1927

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

Do not use this space.

14861

1. PLACE OF DEATH
County Davis
Township Monro
City ..... (No. ..... St. ..... Ward)

Registration District No. 250
Primary Registration District No. 5349

File No. .....
Registered No. 454

2. FULL NAME Joseph S. Evans

(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 2 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 Ethel Evans

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 14 1889

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
37	8	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Davis Co
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Wesley Evans
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Polk Co
(STATE OR COUNTRY) Ind.
12. MAIDEN NAME OF MOTHER Sarrah Michel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

14. INFORMANT [illegible] Evans
(Address) Lathrope Mo

15. FILED 5/21 1927 Ph Gardner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2nd 1927

17. I HEREBY CERTIFY, That I attended deceased from May 2nd, 1927, to May 2, 1927 that I last saw him alive on April 30, 1927, and that death occurred, on the date stated above, at 6.30 10 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
192
Killed by lightning instant
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 195
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) A. R. Wilson, M. D
, 19 (Address) Breckenridge Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lick Fork Cemetery
DATE OF BURIAL Apr 3 1927

20. UNDERTAKER T. McCreek Breckenridge Mo
ADDRESS

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.