

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

Do not use this space.

17153

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City St Louis, Mo. (No. City of St. Louis)

File No.....

Registered No.....

5130

St..... Ward.....

2. FULL NAME

(a) Residence No. Reginald Evans
(Usual place of abode) 1250 S. A. Miller St.

11 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 27 1927

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

17. I HEREBY CERTIFY That I attended deceased from May 17 1927 to May 27 1927 that I last saw him alive on May 27 1927, and that death occurred, on the date stated above, at 1135 1/2 m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 20, 1897

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 29 5 7 2

Purpura Rheumatica
10.5
3 1/2 (duration) 69 mos. 10 ds.

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

CONTRIBUTORY (SECONDARY) Septicemia
Origin Unknown
Indefinite yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jamaica, B. W. I.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?.....

10. NAME OF FATHER Charles Evans

0 DID AN OPERATION PRECEDE DEATH? No DATE OF.....

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Washington Park DATE OF BURIAL June 2, 1927

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Jamaica, B. W. I.

WHAT TEST CONFIRMED DIAGNOSIS? Chemical Laboratory

(Signed) J. W. Gray, M. D.

12. MAIDEN NAME OF MOTHER Roberta Bell

, 19 (Address) City No. 1135 1/2

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Jamaica, B. W. I.

*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.

14. INFORMANT (Address) Wm. F. Woodard
City Hospital #2

20. UNDERTAKER A. L. Beal ADDRESS Lucas Ave

15. FILED -2 1927 Mark Staricoff Registrar

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERMANENT RECORD

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH LINEAR

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis Mo. (No. City Hosp # 2)

File No. 17153

Registered No. 5130

St. Ward)

2. FULL NAME Reginald Milton 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 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20th 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 31 31 5 7 45

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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19 7 Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1927

22. I HEREBY CERTIFY, That I attended deceased from

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:

Date of onset

Other contributory causes of importance:

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) , M. D.

(Address)

SUPPLEMENTARY

MARGIN RESERVED FOR BINDING

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

N. B.—Every item CAUSE OF DEATH

X

5-17153

Y

V