SEP 26 1927

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

Do not use this space.

23651

**1. PLACE OF DEATH**

County: Buchanan — Registration District No.: 85 — File No.:

Township: — Primary Registration District No.: 1001 — Registered No.: 809

City: St. Joseph (No.: Missouri Methodist Hosp. St.: Ward:)

**2. FULL NAME** Mary Elizabeth Evans

(a) Residence. No. St., Ward. Bedford, Iowa
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Married |

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S. C. Eckelman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 23, 1891

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 35 | 10 | 20 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife 14c
(b) General nature of industry, business, or establishment in which employed (or employer): 14
(c) Name of employer: 147

9. BIRTHPLACE (CITY OR TOWN) Pittsburg
(STATE OR COUNTRY) Pennsylvania

PARENTS

10. NAME OF FATHER S. C. Eckelman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Pennsylvania

12. MAIDEN NAME OF MOTHER Clara Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Pennsylvania

14. INFORMANT Walter Morgan Evans
(Address) Bedford, Iowa

15. FILED Aug 15 1927 John G. W. Registrar

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 13 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1927, to Aug. 13, 1927, that I last saw her alive on Aug. 13, 1927, and that death occurred, on the date stated above, at 8:25 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ruptured tubal pregnancy
2 H 4 8 F
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Hemorrhage - Septic Peritonitis
(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Bedford, Ia.
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Aug 8-27
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Findings at operation
(Signed) W. F. Johnson, M. D.
Aug 13, 1927 (Address) St. Joseph 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 | DATE OF BURIAL |
|---|---|
| Bedford Iowa | Aug. 15 1927 |
| **20. UNDERTAKER** | **ADDRESS** |
| Heaton-Belsole Undg Co | 319 S. 10th |

by J. M. Kane

A. 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.