

SEP 27 1927

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

Do not use this space.

23925

1. PLACE OF DEATH

County ColeRegistration District No. 213-

File No.

Township

Primary Registration District No. 3014-Registered No. 223-City Jefferson (No.) St.

Ward)

2. FULL NAME Naoma 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

4 MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female

colored

married

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

Ray Evans

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

June 3, 1904

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

23220

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

Housewife

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Tebbetts, Missouri

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

Joshua Langley

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tebbetts, Missouri12. MAIDEN NAME OF MOTHER Della Franklin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tebbetts, Missouri

14.

INFORMANT

(Address)

Ray Evans
Jefferson City Mo

15.

FILED

8/23/27D. V. Bedford
REGISTRAR

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

Aug 23 1927

17.

I HEREBY CERTIFY That I attended deceased from Aug 21, 1927, to Aug 23, 1927 that I last saw her alive on Aug 23, 1927, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

34 Surgical Shock.
139B
151B

(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Appendicitis - Salpingitis
Syphilis (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Aug 22-27WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) William T. SmithCellie Anderson D
Aug 21 1927 (Address) Jefferson City 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

New City CemeteryAug 23 1927

20. UNDERTAKER

ADDRESS

WYMORE-GORDON UNDERTAKING CO.Jefferson City Mo

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.

