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

Do not use this space.

9385

1. PLACE OF DEATH
County: Jasper
Township:
City: Carthage
Registration District No. 408
Primary Registration District No. 3020
File No.
Registered No.
(No. ..... St. ..... Ward)

2. FULL NAME: Inf. of Earvin & E Elizabeth Evans
(a) Residence. No. 1160 Regan St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar-9-1928
7. AGE: Years 0, Months 0, Days 0; If LESS than 1 day, ... hrs. or 42 min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN): Carthage
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Earvin Evans
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Carthage
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: E Elizabeth Taylor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Carthage
(STATE OR COUNTRY): Mo

14. INFORMANT: E Evans
(Address): Carthage, Mo
15. FILED Mch 10 1928 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar. 9 1928
17. I HEREBY CERTIFY, That I attended deceased from Mar 9, 1928, to Mar 9, 1928 that I last saw h..... alive on ..... 19..., and that death occurred, on the date stated above, at 9:00 P.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature birth 7th Lunar Mo. Stillborn
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY)
(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) H A La Force, M. D
Mar 10, 1928 (Address) Carthage 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: Oak Hill Cemetery
DATE OF BURIAL: 3-10 1928
20. UNDERTAKER: Ulmer-Drake
ADDRESS: Carthage

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jasper — Registration District No. 408 — File No.

Township — Primary Registration District No. 3020 — Registered No.

City Carthage (No. ..... St. ..... Ward)

2. FULL NAME Infant 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): S

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

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

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 9 1928

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ....., 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature birth

(duration) ..... yrs. ..... mos. ..... ds.

(duration) ..... yrs. ..... mos. ..... ds.

THT..... DATE OF.....

ST.....

....., M. D

, 19 (Address)

*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. (See reverse side for additional space.)

OFFICE 704 GRANT ST. **DR. KETCHAM** BOTH PHONES 261
CARTHAGE, MISSOURI

℞ For ..... No. .....

Evidently the physician regards the words " prematurity" and "Still birth" as being synonomous. The child was premature, 7 lunar months, living 45 minutes as stated.

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT .....
(Address)

15. FILED 3/10 1928 C. M Ketcham REGISTRAR
Supplementary 5/9-28

19. PLACE OF BURIAL, CREMATION, OR REMOVAL — DATE OF BURIAL 19

20. UNDERTAKER — ADDRESS

...R CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-9385