

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

Do not use this space.

19488

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City.....

(No. **1319a** **Biddle**)

File No.

Registered No. **5969**

St. Ward)

2. FULL NAME

Willie M. Evans

(a) Residence. No. **1319a Biddle** St. **25** 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 **Female** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **6-6-1902**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	25	11	23	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **House work**
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **East Cal Parish La**
 (STATE OR COUNTRY)

10. NAME OF FATHER **Wesley Young**

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

12. MAIDEN NAME OF MOTHER **Maggie Dodge**

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

14. INFORMANT **Urdell Hazelwood**
 (Address) **2040 Cherokee**

15. FILED **WIN -1, 1928** **May 2 Standley** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **5-29-1928**

17. I HEREBY CERTIFY That I attended deceased from **Mar. 4**, 19**28**, to **May 27**, 19**28** that I last saw her alive on **May 22**, 19**28** and that death occurred, on the date stated above, at **110 P.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Palagra (duration) yrs. **2**, mos. **25**, da. **54**
Sequestered Pleurisy (SECONDARY) (duration) yrs. mos. **10**, da.

18. WHERE WAS DISEASE CONTRACTED **at home**
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **no** DATE OF **none**

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS **Hands**
 (Signed) **B. Brown**, M. D.
 (Address) **5731, 1928** **26010 Fulton Ave**

*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 **Greenwood Cem.** DATE OF BURIAL **6/7, 1928**

20. UNDERTAKER **Peoples Burial League** ADDRESS **Franklin Ave**

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.

