

JUL 25 1928

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

Do not use this space.

20253

1. PLACE OF DEATH

County Dade
Township Folk
City Evans

Registration District No. 235
Primary Registration District No. 5322

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR WIFE Bernice West

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 2 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
19 4 19 0 0 0

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

9. BIRTHPLACE (CITY OR TOWN) Dona
(STATE OR COUNTRY) Wash. Co. Mo.

10. NAME OF FATHER Marion Evans

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dona
(STATE OR COUNTRY) Wash. Co. Mo.

12. MAIDEN NAME OF MOTHER Zada Hayward

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Fair Play
(STATE OR COUNTRY) Wash. Co. Mo.

14. INFORMANT J. J. West
(Address) Evans

15. June 21 1928 Morris Miller
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6 21 1928

17. I HEREBY CERTIFY, That I attended deceased from 6-17, 1928, to 6-21, 1928, that I last saw him alive on 6-21, 1928, and that death occurred, on the date stated above, at 1 o'clock p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Infringe

11B (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) 11B (duration) yrs. mos. da.

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

8 Did an operation precede death? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) D. H. Humber, M. D.

_____, 19 (Address) Greenfield 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 Hampton Cemetery DATE OF BURIAL June 21 1928

20. UNDERTAKER Will Meyer, Paducah, 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.

RECORD

