

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

29036
8542

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis, Mo.** No. **5th** **St. Lukes Hospital** St. _____ Ward _____

2. FULL NAME

Fannie Evans
 (a) Residence. No. **5214 Delmar Bldg.** 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 **female**
 4. COLOR OR RACE **white**
 5. Single, Married, Widowed or Divorced **Div.**
 5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Divorced**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 25-1892**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 **—** **26**

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

9. BIRTHPLACE (CITY OR TOWN) **Kentucky**
 (STATE OR COUNTRY)

10. NAME OF FATHER **Charles Scott**
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Kentucky**
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER **Mary Cobb**
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Kentucky**
 (STATE OR COUNTRY)

14. INFORMANT **Eva Evans**
 (Address) **5214 Delmar Bldg.**

15. FILED **23 1928** **May C. Stander** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **8/21 1928**
 17. I HEREBY CERTIFY That I attended deceased from **8/21/28**, 19**28**, to **8/21/28**, 19**28**, that I last saw h. **her** alive on **8/21/28**, 19**28**, and that death occurred, on the date stated above, at **3:40 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute appendicitis
121A (Ruptured)
129
 (duration) yrs. mos. ds. **10**

CONTRIBUTORY (SECONDARY) **General Peritonitis**
 (duration) yrs. mos. ds. **12**

18. WHERE WAS DISEASE CONTRIBUTED IF NOT AT PLACE OF DEATH? **117 B**
 DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **8/21/28**
 WAS THERE AN AUTOPSY? **no**
 WHAT TEST CONFIRMED DIAGNOSIS? **Laparotomy**
H. O. Hestie M. D.
 (Signed) _____, 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, OF HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **New Pickers Cem.** DATE OF BURIAL **Aug 23 1928**

20. UNDERTAKER **E. J. Schmur** ADDRESS **3125 Lafayette**

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.

