

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.

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

Do not use this space.

32437

1. PLACE OF DEATH

County Schuyler
Township Liberty
City..... (No.....)..... (Ward.....)

Registration District No. 305
Primary Registration District No. 6050

File No.....
Registered No. 14

2. FULL NAME

Cora 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 6, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 | 3 | 21

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)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Paris, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Michael Shelton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Martha Fulton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
(STATE OR COUNTRY)

14. INFORMANT Wm Evans
(Address) Lawrence, Mo.

15. FILED 6076 1924 V. F. Justice
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 27 1924

17. I HEREBY CERTIFY That I attended deceased from July 1, 1924, to Sept 27, 1924, that I last saw h. e. l. alive on Sept 27, 1924, and that death occurred, on the date stated above, at 8:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary tuberculosis
23R B1
(duration) 3 yrs. mos. da.

CONTRIBUTORY (SECONDARY) B1
(duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS Chemical
(Signed) E. J. Roberts M. D.
, 19 (Address) Crestwood, 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 D.O. Cemetery DATE OF BURIAL Sept 30, 25

20. UNDERTAKER John A. Roberts ADDRESS Lawrence, Mo.

