DEC 26 1928

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

Do not use this space.

36169

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph. (No. 412 So. 9th. St. St. Ward)

File No.

Registered No. 1355

2. FULL NAME Charles Edgar 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 42 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June, 10, 1847

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	81	5	12	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Tinsmith

(b) General nature of industry, business, or establishment in which employed (or employer) Retired 10 yrs.

(c) Name of employer Burlington R.R.

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

PARENTS

10. NAME OF FATHER Thomas W. Evans

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

12. MAIDEN NAME OF MOTHER Eliza Tomlinson

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

14. INFORMANT Mrs. Edw. Corson (Address) Los Angeles, Cal.

15. FILED NOV 30 1928 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov, 22, 1928 19

17. I HEREBY CERTIFY, That I attended deceased from 9/22/ 1927, to 11-14 1928 that I last saw him alive on 11-14- 1928, and that death occurred, on the date stated above, at 9.00 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral Hemorrhage

Age 77 (duration) yrs. mos. ds. Sudden

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage Sep 27 x

Arterio-sclerosis (duration) 3 yrs. mos. ds.

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? Clinical

(Signed) L C Hauman, M. D

Nov. 26, 1928 (Address) Lincoln Bldg St Joseph 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	DATE OF BURIAL
Mt. Auburn Cemetery	Nov, 26, 1928

20. UNDERTAKER	ADDRESS
Walter Meinhoffer	1302 Faraon St.

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.

STATE OF MISSOURI — THIS IS A PERMANENT RECORD