

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

Do not use this space.

APR 24 1929

4. PLACE OF DEATH

County Lavaca
Township Pattonburg
City Pattonburg (No. _____)

Registration District No. 254
Primary Registration District No. 4154

File No. 10113
Registered No. 10
St. _____ Ward _____

2. FULL NAME Marion B. Evans

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-24-29 1929

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

17. I HEREBY CERTIFY, That I attended deceased from _____, 1929, to Mar 20, 1929, that I last saw him alive on 3/20, 1929 and that death occurred, on the date stated above, at 12/30 p. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-1-1856

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Old man suffering with
arteriosclerosis
of cerebral arteries
97 days (duration) 2 yrs 4 mos. ds.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 11 24

CONTRIBUTORY (SECONDARY) Sclerotic condition of arteries (duration) _____ yrs. _____ mos. _____ ds.

8. OCCUPATION OF DECEASED

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

10. NAME OF FATHER Sam Evans

WAS THERE AN AUTOPSY? No

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

WHAT IS THE CONFIRMED DIAGNOSIS? _____

12. MAIDEN NAME OF MOTHER Sarah Decker

(Signed) E. H. Shuckey, M. D.

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

324, 1929 (Address) Pattonburg

*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.

14. INFORMANT Mrs. B. B. Purnell
(Address) Pattonburg

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Old Town DATE OF BURIAL 3-25-29

15. FILED 3/24/29 no Parker REGISTRAR

20. UNDERTAKER E. H. Shuckey ADDRESS Pattonburg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item or information should be carefully supplied. Do not leave any space blank. If particulars should be stated.

1
2
2
31

