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

Do not use this space.

12100

1. PLACE OF DEATH

County St Louis — Registration District No. 784 — File No.

Township St Ferdinand — Primary Registration District No. 6030 — Registered No.

City S. Kinloch Park, (No. S. Kinloch Park, Mo. St. Ward)

2. FULL NAME Martha Evans

(a) Residence. No. S. Kinloch Park, Mo. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	Negro	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 30, 1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	30	3	25	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Neal Walker

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

12. MAIDEN NAME OF MOTHER Jane Cross

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

14. INFORMANT Walter Evans
(Address) S. Kinloch Park, Mo.

15. FILED 3-24 1929 O. Schuetz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/23 1929

17. I HEREBY CERTIFY, That I attended deceased from March 3, 1929, to March 23, 1929 that I last saw her alive on March 23, 1929, and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Disease of Heart 92A

90A 125B

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Congestion of liver

(duration) yrs. 6 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?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. P. Arthur, M. D.

3/25, 1929 (Address) S. Kinloch 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
Washington Park Cem.	3-31-1929
20. UNDERTAKER	ADDRESS
Gates Funeral Home	4107 Finney