

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

Do not use this space.

18466

PLICE DEATH  
 County Jackson Registration District No. H00  
 Township Blue Bluff Primary Registration District No. 555 P  
 City Little Blue Mo (No. Jackson County, Mo) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 75  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME George Evans  
 (a) Residence. No. Don't Know 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. 10 mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED Don't Know HUSBAND OF (OR) WIFE OF widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) \_\_\_\_\_  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
about 65

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

9. BIRTHPLACE (CITY OR TOWN) Louisville (STATE OR COUNTRY) Ky

10. NAME OF FATHER Chas Evans

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ky

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't Know (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT County Home Records (Address) Little Blue Mo

15. May 23 19 29 REGISTERED \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

15. DATE OF DEATH (MONTH, DAY AND YEAR) May 23 19 29

17. I HEREBY CERTIFY, That I attended deceased from May 1 19 29, to May 23 19 29 that I last saw him alive on May 23 19 29, and that death occurred, on the date stated above, at 5 8 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Coronary & Mitral Insufficiency  
92A  
133C (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Renal Complication (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_ (IF NOT AT PLACE OF DEATH)

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_ WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical Exam (Signed) J. W. Bookman, M. D. (Address) 2128 Union St.

\*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 Lincoln & Lee University DATE OF BURIAL 5-29 19 29

20. UNDERTAKER Shym + Greenstreet ADDRESS K. C. Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUN 26 1929

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