

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

Do not use this space.

12346

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1. PLACE OF DEATH

County Lee  
Township Springfield  
City Springfield (No. Springfield Baptist Hosp)

Registration District No. 318  
Primary Registration District No. 2001

File No. \_\_\_\_\_  
Registered No. 233  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME

Berna Mae Evans  
(a) Residence. No. 112A Ward. \_\_\_\_\_  
(Usual place of abode) \_\_\_\_\_

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 9 - 1917

7. AGE YEARS 12 MONTHS 4 DAYS 28 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

9. BIRTHPLACE (CITY OR TOWN) Christiana (STATE OR COUNTRY) MO

10. NAME OF FATHER Henry Evans

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

12. MAIDEN NAME OF MOTHER Mervine McCafferty 4/7, 1930 (Address) \_\_\_\_\_

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

14. INFORMANT Bird McCafferty (Address) 112A

15. FILED 4-7-30 For Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH, (MONTH, DAY AND YEAR) April 7 1930

17. I HEREBY CERTIFY, That I attended deceased from March 23, 1930, to April 7, 1930, that I last saw h. or alive on April 6, 1930, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Appendicitis Ruptured Appendix  
121A

125B (duration) yrs. 1 mos. 16 ds.  
CONTRIBUTORY 129 Peritonitis - secondary  
(SECONDARY) because of ruptured appendix  
(duration) yrs. 1 mos. 14 ds.

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

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb 23 4 use  
WAS THERE AN AUTOPSY? operation 3/31/30

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Wm J. Callaway M. D.

(Address) Home 112A  
\*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 McConnell DATE OF BURIAL 4/9 1930

20. UNDERTAKER J. W. Maple ADDRESS Clear

K. 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.

MAY 25 1930

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J. W. M.