

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.

JUN 27 1930

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

Do not use this space.  
**13637**  
~~12926~~  
File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**  
County Polk Registration District No. 708  
Township N. Green Primary Registration District No. 8984  
City Atterton No. 5-937 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Bobby James 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 yrs. mos. 10 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** M **4. COLOR OR RACE** W. **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** single  
(write the word)

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** 4-18-30

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
10

**8. OCCUPATION OF DECEASED**  
(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), (STATE OR COUNTRY)** Polk Co. Mo.

**10. NAME OF FATHER** Earnest Evans  
**11. BIRTHPLACE OF FATHER (CITY OR TOWN), (STATE OR COUNTRY)** Dalla Co. Mo.  
**12. MAIDEN NAME OF MOTHER** Virginia Ackworth  
**13. BIRTHPLACE OF MOTHER (CITY OR TOWN), (STATE OR COUNTRY)** Polk Co.

**14. INFORMANT** Diather  
(Address) Goodson, Mo.

**15. FILED** 19 7 J. W. Moore REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 4-27-1930

**17. I HEREBY CERTIFY, That I attended deceased from** 4-15, 1930, to 4-27, 1930, that I last saw him alive on 4-18, 1930, and that death occurred, on the date stated above, at 5:00 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Enteritis acut

1173  
129 (duration) yrs. mos. 3 ds.  
**CONTRIBUTORY (SECONDARY)** Peritonitis (?)  
(duration) yrs. mos. 1 ds.

**18. WHERE WAS DISEASE CONTRACTED** 11318  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

**0 DID AN OPERATION PRECEDE DEATH?** No. DATE OF \_\_\_\_\_  
**WAS THERE AN AUTOPSY?** No.

**WHAT TEST CONFIRMED DIAGNOSIS**  
(Signed) R. E. Harrell, M. D.  
, 19 (Address) Urbana

\*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** Star Ridge **DATE OF BURIAL** 4-28-1930

**20. UNDERTAKER** W. A. Black **ADDRESS** Goodson

