

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

Do not use this space.

24095

1. PLACE OF DEATH

County St. Louis Registration District No. 784
Township St. Ferdinand Primary Registration District No. 6030
City (No. 5241 Hodiament Ave.)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Etta Evans Bossing

(a) Residence. No. 5241 Hodiament Ave. 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Christ Evans		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1, 1859		
7. AGE YEARS 71	MONTHS 1	DAYS 30
IF LESS than 1 day, _____ hrs. or _____ min.		

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 31 1930**

17. I HEREBY CERTIFY That I attended deceased from **1/1/30** to **7/31/30** that I last saw her alive on **7/30 1930** and that death occurred, on the date stated above, at **2:20 A. M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Auto Intoxication of Heart
99C
95B

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Housewife**

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

(c) Name of employer _____

(duration) _____ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **Chronic Myocarditis**

(duration) _____ yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) **Salem**
(STATE OR COUNTRY) **Illinois**

18. WHERE WAS DISEASE CONTRACTED **Home**
IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER **John Evans**

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? **no**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **unknown**
(STATE OR COUNTRY) _____

WHAT TEST CONFIRMED DIAGNOSIS **Clinical Symptoms**
(Signed) **Chas. P. Martin** M. D.

12. MAIDEN NAME OF MOTHER **unknown**

8/1 1930 (Address) **3905 Lu An**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **unknown**
(STATE OR COUNTRY) _____

*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 **Frank Evans**
(Address) **5241 Hodiament**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Bellefontaine Bur** DATE OF BURIAL **Aug 2 1930**

15. FILED **8/10 1930** **Dr. Carl J. Koontz** REGISTRAR

20. UNDERTAKER **Leslie Pleitoch** ADDRESS **5966 Eastern**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

AUG 26 1930

