

OCT 28 1930

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

Do not use this space.

29120

1. PLACE OF DEATH

County Boone  
Township Columbia  
City Columbia (No. ....)

Registration District No. 73  
Primary Registration District No. 3006

File No. ....  
Registered No. 199  
St. .... Ward)

2. FULL NAME Peyton Stephens EVANS

(a) Residence, No. 1400 Pratt St 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. moa. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 20 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
79 11 7

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

9. BIRTHPLACE (CITY OR TOWN) Boone Co, Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Squire Evans

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo

12. MAIDEN NAME OF MOTHER Loggie Carter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo

14. INFORMANT W. G. Carter  
(Address) 7th Clark Mo

15. FILED 9/29 1930 F. C. Suggs REGISTRAR  
by Selby

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 27 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 13 1930 to Sept 27 1930  
that I last saw him alive on Sept 27 1930, and that death occurred, on the date stated above, at 6:45 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Nephritis  
121  
97

(duration) yrs. mos. ds.

CONTRIBUTORY Arteriosclerosis  
(SECONDARY)

(duration) 10 yrs. moa. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Stephen D. Hunt M. D.  
9/29 1930 (Address) Columbia

\*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 Columbia Cemetery DATE OF BURIAL 9/29 1930

20. UNDERTAKER R. O. Weir ADDRESS Columbia

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.

PARENTS X

X

X

X

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