

NOV 24 1930

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

Do not use this space.

32685

1. PLACE OF DEATH

County Sundy  
Township \_\_\_\_\_  
City Trenton (No. \_\_\_\_\_)

Registration District No. 330  
Primary Registration District No. 3017

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

2. FULL NAME Edward R. 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 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widower</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 17-1846</u>				
7. AGE	YEARS <u>84</u>	MONTHS <u>0</u>	DAYS <u>15</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired Mail Carrier</u> (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) San Jtlas - wales

PARENTS	10. NAME OF FATHER <u>Edward Evans</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	12. MAIDEN NAME OF MOTHER <u>unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>

14. INFORMANT Eva Harmon  
(Address) Trenton Missouri

15. FILED Oct 4 1930 E. A. Deffy  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 2 1930

17. I HEREBY CERTIFY, That I attended deceased from 9:28 30 1930, to 10:10 2 30 1930 that I last saw ~~her~~ live on 10 2 30 1930 and that death occurred, on the date stated above, at 12 noon

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
myocardial infarction  
11-7

(duration) yrs. mos. ds. 5 5

CONTRIBUTORY (SECONDARY) Fluor Pericarditis  
both lungs (duration) yrs. mos. ds. 3

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) W. H. Williams M. D.  
Oct 4 1930 (Address) Trenton Mo

\*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 <u>D.O.F. cemetery Trenton Mo</u>	DATE OF BURIAL <u>Oct 5 1930</u>
20. UNDERTAKER <u>Bern C Davis</u>	ADDRESS <u>Trenton Mo</u>

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.

