

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.

OCT 30 1930

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

Do not use this space.

33481

1. PLACE OF DEATH

County Sturgeon
Township Blue Mound
City (No. _____) _____

Registration District No. 515
Primary Registration District No. 5684

File No. _____
Registered No. 5
St. _____ Ward _____

2. FULL NAME

Cathrine Elizabeth 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 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>David H. Evans</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec. 27 1876</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>53</u>	<u>9</u>	<u>10</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Housewife</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)

Mo.

10. NAME OF FATHER

E.A. Evans

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Wales

12. MAIDEN NAME OF MOTHER

Elizabeth Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

14.

INFORMANT _____
(Address)

Mr. H. H. Evans
Blount, Mo.

15.

FILED

Oct. 2, 1930Mrs. M. Radabaugh

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10 2 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1930 to Sept. Oct 2, 1930 that I last saw him alive on Sept 14, 1930 and that death occurred, on the date stated above, at 9:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of
stomach

4 1/2 (duration) yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF _____WAS THERE AN AUTOPSY? NOWHAT TEST CONFIRMED DIAGNOSIS clinical(Signed) G. W. Carpenter, M. D.10/2, 1930 (Address) Utica, 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

DATE OF BURIAL

Welch CemeteryOct 4 1930

20. UNDERTAKER

ADDRESS

A. F. MeadMo
Braymer

1510 - 12 - 22

22 - 9 - 10