

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

Do not use this space.

22 1930

37113

1. PLACE OF DEATH

County Ray Registration District No. 740
 Township Rocked River Primary Registration District No. 6975
 City Hardin (No. _____) St. _____ (Ward)

File No. _____
 Registered No. 22

2. FULL NAME

Evert Woodrow Sportsman

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

single

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

single

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

July-22-1912

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

18

3

18

8. OCCUPATION OF DECEASED

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

Farming

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Hardin, Missouri

(STATE OR COUNTRY)

10. NAME OF FATHER

William Sportsman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Marceline, Missouri

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Lovenia Fields

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Millville, Missouri

(STATE OR COUNTRY)

14. INFORMANT

Raymond H. Foster
Hardin, Mo.

(Address)

15. FILED

Dec 11 1930
Jno W. Krupich
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1930, to Nov 10, 1930 that I last saw him alive on Nov 9, 1930, and that death occurred, on the date stated above, at 1 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhoid Fever

CONTRIBUTORY (SECONDARY)

Neuroshock from Burns

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Chemical

(Signed) Marvin Harris, M. D.

, 19 (Address) Hardin, 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

Lane Lock Cem

Nov-11 1930

20. UNDERTAKER

ADDRESS

Jno W. Krupich

Hardin Mo.

Exact statement of OCCUPATION is very important. CRUSE OF DEATH in plain terms, so that it may be properly classified.

