WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 27 1931

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

Do not use this space.

15152

1. PLACE OF DEATH
County Pemiscot
Township
City Caruthersville (No. ..... St. ..... Ward)
Registration District No. 651
Primary Registration District No. 4388
File No.
Registered No. 35

2. FULL NAME Samuel M. Evans
(a) Residence, No. Caruthersville 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11/30/1879

7. AGE: YEARS 51 MONTHS 4 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Taxie Driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10
10. Date deceased last worked at this occupation (month and year) Dec. 1930
11. Total time (years) spent in this occupation 4 ab yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

FATHER
13. NAME J. W. Evans
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME P. C. Steward
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) W. M. Evans Caruthersville

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mapel Cem DATE 4/4 1931

19. UNDERTAKER (ADDRESS) H. S. Smith Caruthersville

20. FILED April 9, 1931 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1931, to April 2, 1931
I last saw him alive on Apr. 2, 1931. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	Jan. 1931
92A	

Other contributory causes of importance: 92A

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) J. R. Pinion, M. D.
(Address) Caruthersville, Mo.