

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

D. J. W. H.
Do not use this space.

20343

1. PLACE OF DEATH

County..... Registration District No. 875
Township..... Primary Registration District No. 3039
City..... (No.....) St..... Ward.....

File No.....
Registered No. 138

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m
4. COLOR OR RACE w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11 - 1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 4 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor
10. Date deceased last worked at this occupation (month and year) May 1 1930
11. Total time (years) spent in this occupation. 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wenona, Ill.

13. NAME Albert Evans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Harriet Spruzel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT Miss Addie Evans
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Speculator Burial Park Nevada, Mo
DATE 5-4 1931

19. UNDERTAKER Allen V. Stays
(ADDRESS) Nevada, Mo

20. FILED 6/10/31 1931 E. R. King, Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 22d 1929 to May 1st 1931
I last saw him alive on May 1st 1931. Death is said to have occurred on the date stated above, at 7:20 P.M.

The principal cause of death and related causes of importance were as follows:
Principal Cause: Myocarditis
Terminating line
131 Date of onset not known
930
102

Other contributory causes of importance:
Chronic Nephritis
Blood pressure 230
over 110. Date of onset not known

Name of occupation None Date of 1931
What the confirmed diagnosis? Chem Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where the 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? No
If so, specify _____
(Signed) J. W. Gorman, M. D.
(Address) Nevada Missouri

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.

JUN 29 1931

