

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

Do not use this space.

8207-66

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township " Primary Registration District No. 3009
City " (No. 621) Themis St. Ward 151

File No.
Registered No. 701 St. Ward)

2. FULL NAME

Sarah Jane Evans
(a) Residence, No. 621 Themis St., Ward.

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 28-1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 2 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 736

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rising Sun, Ind.

13. NAME John Sedlam

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland, Co. Ind.

15. MAIDEN NAME Isabel Bowman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland Co. Ind.

17. INFORMANT William J. Evans (ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmont Cem. DATE June 5th 1933

19. UNDERTAKER Walther's Und. Co. (ADDRESS) Cape Girardeau Mo

20. FILED 6-4-1933 W. C. Kempler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/3 1931

22. I HEREBY CERTIFY, That I attended deceased from 5/10, 1928, to 6/3, 1931. I last saw h^e alive on 6/3, 1931. Death is said to have occurred on the date stated above, at 10:30.

The principal cause of death and related causes of importance were as follows:
Carcinoma of bladder for past 3 or 4 years. Date of onset 3 yrs ago
53 B

Other contributory causes of importance:
53 B

Name of operation none Date of 2
What test confirmed diagnosis? Autopsy 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 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? no
If so, specify _____
(Signed) Ed. J. [unclear] M. D.
(Address) Cape Girardeau

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.

JUL 23 1933

