

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

Do not use this space.

28878

1. PLACE OF DEATH

County Monroe Registration District No. 579
Township Madison Primary Registration District No. 5776
City Madison (No.) St. Ward)

2. FULL NAME Ruth Noel Evans

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 <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>Ashley Evans</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4/24/1908</u>		
7. AGE	YEARS <u>23</u>	MONTHS <u>3</u>
	DAYS <u>7</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) <u>Madison</u> (STATE OR COUNTRY) <u>Mo</u>		
FATHER	13. NAME <u>Veston N. Noel</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Monroe Co</u> (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Amanda Hill</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Monroe Co. Mo</u> (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT <u>Mrs. H. B. Davis</u> (ADDRESS) <u>Madison, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset Hill</u> DATE <u>Aug 3, 1931</u>		
19. UNDERTAKER <u>Freda Thompson</u> (ADDRESS) <u>Madison, Mo</u>		
20. FILED <u>Aug 1, 1931</u> <u>Freda Thompson</u> Registrar <u>W. C. Cabank</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 10:30 pm.
The principal cause of death and related causes of importance were as follows:
T. B. following flu!
HA
Other contributory causes of importance:
GBA

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) H. B. Johnson..... M. D.
Madison, Mo
(Address)

WRITE PRINT, 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.

SEP 4 1931

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