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

Do not use this space.

29002

1. PLACE OF DEATH
County Pemiscot Registration District No. 651
Township Little Prairie Primary Registration District No. 5862
City (No. St. Ward)

File No.
Registered No. 88

2. FULL NAME Jim Everett
(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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-25-1894

7. AGE YEARS 36 ~~37~~ MONTHS 11 DAYS 9 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) unknown
11. Total time (years) spent in this occupation life

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

FATHER
13. NAME Jim Everett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala

MOTHER
15. MAIDEN NAME Rosie Clark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala

17. INFORMANT (ADDRESS) Mrs. Jim Everett Portageville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple DATE 8-4, 1931

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

20. FILED Aug. 4, 1931 Ada Martin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-3, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 2nd, 1931, to Aug 2nd, 1931
I last saw him alive on Aug 2nd, 1931. Death is said to have occurred on the date stated above, at 90 A.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Only one visit made and no diagnosis made - Probably Carcinoma of Colon

Other contributory causes of importance:

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 B Luten, M. D.
(Address) Caruthersville Mo