

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

Do not use this space.

37946

1. PLACE OF DEATH

County Jackson Registration District No. 480
 Town Paris Primary Registration District No. 4235
 City Lewis Summit (No. Lewis Summit Hospital)

File No. _____
 Registered No. 216
 St. _____ Ward _____

2. FULL NAME

(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 1 yrs. 6 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6-1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 2 2

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomfield Ind.

FATHER 13. NAME John W. Evans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown North Carolina

MOTHER 15. MAIDEN NAME Martha King

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown North Carolina

17. INFORMANT (ADDRESS) Joseph E. Evgnos, no. Lewis Summit

18. BURIAL, CREMATION, OR REMOVAL PLACE Lewis Summit DATE Nov-10-1931

19. UNDERTAKER (ADDRESS) Fields James Co. Lewis Summit no.

20. FILED 11-8-1931 William J. Fields Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-8, 1931
 22. I HEREBY CERTIFY, That I attended deceased from 10-1, 1931 to 11-8, 1931
 I last saw him alive on 11-7, 1931 Death is said to have occurred on the date stated above, at 11 A. m.
 The principal cause of death and related causes of importance were as follows:

Chronic nephritis 1923
1931
 Other contributory causes of importance: 1931

Name of operation Phy Exam Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), or 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) W. J. Brady, M. D.
 (Address) Lewis Summit Mo.

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.

DEC 22 1931

