Shelton

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

Do not use this space.
41566

1. PLACE OF DEATH

County: Miller — Registration District No.: 561 — File No.:

Township: ~~Saline~~ — Primary Registration District No.: 4330 — Registered No.: 93

City: Eldon (No. ..... St. ..... Ward)

2. FULL NAME Lester David 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: 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: Belle Shumake Evans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 2. 1874.

7. AGE: Years 57 — Months 7 — Days 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Coal & Grain

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

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): Bonner Springs Kansas

FATHER

13. NAME: Benjamin David Evans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pottsville Pennsylvania

MOTHER

15. MAIDEN NAME: Susan Peterson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York City

17. INFORMANT (ADDRESS): Mrs Belle Evans Eldon Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Eldon. DATE: 12-23 1931

19. UNDERTAKER (ADDRESS): Wm Phillips Eldon Mo

20. FILED 12-22 1931 Belle Haynes Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-1 1931, to 12-20, 1931
I last saw him alive on 12-20, 1931. Death is said to have occurred on the date stated above, at 6:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophic Cirrhosis of Liver	10-1 '31
124B/117A	

Other contributory causes of importance: Gastric ulcer

Name of operation: none Date of .....
What test confirmed diagnosis? Clinical 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? No
If so, specify .....

(Signed) E. L. Shelton, M. D.
(Address) Eldon 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.