

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

Do not use this space.

5740

1. PLACE OF DEATH **Polk**
 County **Polk** Registration District No. **702**
 Township **Madison** Primary Registration District No. **2731**
 City (No. St. Ward)

2. FULL NAME **William Center 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) **Widowed**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Nancy Evans**
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) **June 10 1858**
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 7 21

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work **Farmer**
 (b) General nature of industry, business, or establishment in which employed (or employer) **##**
 (c) Name of employer **##**

9. BIRTHPLACE (CITY OR TOWN) **N C**
 (STATE OR COUNTRY)

10. NAME OF FATHER **Thomas Evans**
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) **N C**
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER **Sarah C Greene**
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **N C**
 (STATE OR COUNTRY)

14. INFORMANT **James H Evans**
 (Address) **Fair Play Mo**

15. FILED **Feb 7 1932** **Chas H Brown**
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb 1 1932**
 17. I HEREBY CERTIFY, That I attended deceased from **Dec 19 30** 19... to **Feb 1 32** that I last saw him alive on **Feb 1 1932** and that death occurred, on the date stated above, at **6:30 P M** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Neph

18. WHERE WAS DISEASE CONTRACTED?
 IF NOT AT PLACE OF DEATH...
 DID AN OPERATION PRECEDE DEATH? **No** DATE OF... **##**
 WAS THERE AN AUTOPSY? **No**
 WHAT TEST CONFIRMED DIAGNOSIS? **Clinical and Lab**
 (Signed)..... M. D.
Feb 4, 1932 (Address) **Fair Play Mo**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Akard Cemetery** DATE OF BURIAL **Feb 3 32**
 20. UNDERTAKER **AB WRIGHT** ADDRESS **Fair Plg Mo**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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.

MAR 24 1932

