

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

Do not use this space.

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12128

1. PLACE OF DEATH

County Franklin Registration District No. 238
 Township Franklin Primary Registration District No. 4172
 City Keosauqua (No. _____) St. _____ (Ward _____)

File No. _____
 Registered No. _____

2. FULL NAME

William Henry 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sallie Evans

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 5, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 3 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer.
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Columbus
 (STATE OR COUNTRY) Indiana

10. NAME OF FATHER Doit Know
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Doit Know
 (STATE OR COUNTRY) _____
 12. MAIDEN NAME OF MOTHER Doit Know
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Doit Know
 (STATE OR COUNTRY) _____

14. INFORMANT Sallie Evans
 (Address) Keosauqua

15. FILED 4/18/32 Thuler Davis
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 16 1932
 17. I HEREBY CERTIFY, That I attended deceased from April 1, 1932, to April 16, 1932 that I last saw him alive on April 16, 1932 and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Stenosis
Doit Know (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) HTN (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) Thuler Davis, M. D.
 , 19 _____ (Address) Keosauqua, 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mc Cullough Cem. DATE OF BURIAL Apr 17 1932
 20. UNDERTAKER County, Pa. ADDRESS Keosauqua
Hugh Leonard, Supt
By County Private Cemetery Office

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.

MAY 24 1932

PARENTS

