

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

Do not use this space.  
**15667**

**1. PLACE OF DEATH**

26 County *Mo State Prison*  
3 Township *Hospital*  
8 City \_\_\_\_\_ (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. *213*  
Primary Registration District No. *3014*

File No. *126*  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

*William Evans*

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* 4. COLOR OR RACE *Col.* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Sept 11-1897*

7. AGE YEARS *34* MONTHS *8* DAYS *20* IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work *Laborer 2:7*  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) *Kansas* (STATE OR COUNTRY) *2*

**10. NAME OF FATHER**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Unknown* (STATE OR COUNTRY) *1*

12. MAIDEN NAME OF MOTHER \_\_\_\_\_

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT *Mo. St. Penn Records* (Address) *16. mo.*

15. FILED *6/11 1932* *J. J. Crawford* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 31 1932*

17. I HEREBY CERTIFY, That I attended deceased from *January 5<sup>th</sup> 1932* to *May 31<sup>st</sup> 1932* that I last saw him alive on *May 31<sup>st</sup> 1932* and that death occurred, on the date stated above, at *8:30 a. m.*

**THE CAUSE OF DEATH\* WAS AS FOLLOWS**

*Pulmonary Tuberculosis*  
*734* (duration) *4 mos 26* ds.

CONTRIBUTORY (SECONDARY) *23* (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**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**

(Signed) *W. H. Rando* M. D.

*5-31-1932* (Address) *Mo State Prison Hosp.*

\*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 *Kirkville, Mo.* DATE OF BURIAL *June 11 1932*

20. UNDERTAKER *Hemichs. Medros chng So* ADDRESS *Jeff City*

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.

JUN 21 1932

