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

Do not use this space.

22574

File No.

Registered No. 4

1. PLACE OF DEATH

40 County Grundy

1 Township

1 City Galt (No. , St. Ward)

Registration District No. 327

Primary Registration District No. 4194

2. FULL NAME Maggie 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.

JUL 23 1932

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15 1855

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
77	1	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Grundy Co. Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Gaines M. Evans

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky

12. MAIDEN NAME OF MOTHER Armintia Turner

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

14. INFORMANT Ina Evans
(Address) Galt Mo

15. FILED 7-10-1932 U C Weston REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9 1932

17. I HEREBY CERTIFY, That I attended deceased from Apr. 25, 1932 to July 9, 1932 that I last saw her alive on Apr 26, 1932 and that death occurred, on the date stated above, at 8:55 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fractured surg. neck Femur, left, Accidental fall in home,

(duration) yrs. 3 mos. 5 ds.

CONTRIBUTORY (SECONDARY) Septicemia from bed sore

(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) U C Weston, M. D.

7-10, 1932 (Address) Galt, 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	DATE OF BURIAL
Honey Creek Chapel Cem.	7-11. 1932
20. UNDERTAKER	**ADDRESS**
P K Payne & Son	Galt Mo

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.