

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

Do not use this space.

26704

1. PLACE OF DEATH

County McDonald
Township Pineville
City Pineville Mo.

Registration District No. 11 49
Primary Registration District No. 5698

File No.
Registered No. 40
St. Ward)

2. FULL NAME

(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.

Dwight - Morris - Evans

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct-2-1928</u>		
7. AGE YEARS <u>3</u>	MONTHS <u>10</u>	DAYS <u>9</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Blumhoff
(STATE OR COUNTRY)

10. NAME OF FATHER <u>Dwight - Evans -</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Chapey,</u> (STATE OR COUNTRY) <u>Mo.</u>
12. MAIDEN NAME OF MOTHER <u>Grace - Morris</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Farmville,</u> (STATE OR COUNTRY) <u>Ark.</u>

14. INFORMANT Dwight - Evans -
(Address) Lansburg Mo

15. FILED 8/13 1932 La Beaune
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 11 1932
17. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1932, to Aug 11, 1932 that I last saw him alive on Aug 10, 1932, and that death occurred, on the date stated above, at 1 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Laryngeal Diphtheria

10 (duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY) 10 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF 2
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) W.H. Noton M. D.
. 19 (Address) Pineville - 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 Lansburg - Mo DATE OF BURIAL 8-12 1932
20. UNDERTAKER Lee - Carnell ADDRESS Pineville

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.

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