

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

Do not use this space.

26852.6

1. PLACE OF DEATH

72 County Wash. Madrud Registration District No. 5-67
 Townshp. St. John Primary Registration District No. 5-803
 City East Prairie (No. _____ St. _____ Ward)

File No. _____
 Registered No. 37

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)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 8A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Whitlock
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10th 1890
 7. AGE YEARS 42 MONTHS 2 DAYS 23 IF LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3rd 1932
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 10. Date deceased last worked, at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Date of onset
died from shotgun wound
173 / 173
 Other contributory causes of importance:
shock and loss of blood
 (5)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mossgate Mo.
 FATHER
 13. NAME Edward Evans
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.
 MOTHER
 15. MAIDEN NAME Kate Gray
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leann

Name of operation _____ Date of _____
 What test confirmed diagnosis? Exquest Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? homicide Date of injury 8-3-32
 Where did injury occur? New Madrid Co Missouri
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
in home
 Manner of injury gun shot fired by husband
 Nature of injury _____

17. INFORMANT (ADDRESS) Laurence Evans Mathews Mo. Rte 4
 18. BURIAL, CREMATION, OR REMOVAL PLACE Do grove DATE Aug 5 - 1932
 19. UNDERTAKER (ADDRESS) Mrs. Shelly East Prairie Mo.
 20. FILED Aug 30 1932 H. H. Hodges Registrar.

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) A. H. Holman Corona M. D.
 (Address) Portageville 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.

SEP 34 1932

