WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MAR 28 1933

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.

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

Do not use this space.

5238

1. PLACE OF DEATH

County Daviess — Registration District No. 254 — File No.

Township Marion — Primary Registration District No. 5358 — Registered No. 9

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Ezra Forest 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.

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: Gladys Mayme Evans 1897

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 2-~~1897~~

7. AGE: 35 YEARS — MONTHS: 6 — DAYS: 25 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

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

PARENTS

10. NAME OF FATHER: J.B.Evans

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

12. MAIDEN NAME OF MOTHER: Ella England

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

14. INFORMANT: Mrs Gladys M.Evans
(Address) Pattonsburg, Mo.

15. FILED 2/27 1933 Ica L Gromer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 27, 1933.

17. I HEREBY CERTIFY, That I attended deceased from at intervals for past 3 yrs, 1933, that I last saw him alive on Feb 26, 1933, and that death occurred, on the date stated above, at 2/40/ A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

probable cerebral hemorrhage

59

59 ~~8349~~

..... (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY): Diabetes mellitus

..... (duration) 10 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Laboratory

(Signed) Fred K. Wilson, M. D

, 19 (Address) Winston, 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: I.O.O.F. Pattonsburg, Mo.

DATE OF BURIAL: 2/28/33 19

20. UNDERTAKER: [signature] Pattonsburg, Mo

ADDRESS