

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

Do not use this space.

29264

1. PLACE OF DEATH

35 County Douglas Registration District No. 288
 7 Township Independence Primary Registration District No. 4172
 4 City Kennett (No. _____) St. _____ Ward _____

2. FULL NAME

Donald Lee 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 <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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
	<u>-</u>	<u>-</u>
		DAYS
		<u>-</u>
		IF LESS than 1 day, hrs. or min.
		<u>30</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>-</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>-</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation.
		<u>-</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kennett, Mo.</u>		
FATHER	13. NAME	<u>C. H. Evans</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Mo.</u>
MOTHER	15. MAIDEN NAME	<u>Bladys Roberts</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Mo.</u>
17. INFORMANT (ADDRESS) <u>Father, C.H. Evans Kennett</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hosp</u> DATE <u>Sept 21 33</u>		
19. UNDERTAKER (ADDRESS) <u>None</u>		
20. FILED <u>Sept 31 1933</u> <u>Charles Davis</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-21-1933

22. I HEREBY CERTIFY, That I attended deceased from 9-21-1933, to 9-21-1933

I last saw him alive on 9-21-1933 Death is said to have occurred on the date stated above, at 5:45 pm.

The principal cause of death and related causes of importance were as follows:

Asphyxia neonatorum Date of onset _____

159
1010

Other contributory causes of importance:
Prematurity

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) J. H. Keating M. D.
 (Address) Kennett, Mo

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.

OCT 20-1933

