

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

Do not use this space.

31205

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 103
City St. Louis (No. Mo. Pacific Hospital) St. Ward)

File No.....
Registered No. 7901
St. Ward)

2. FULL NAME Roy J. Evans

(a) Residence, No. 2611 Hickory St., 18 Ward.

(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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Evans</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>aug 27, 1904</u>		
7. AGE YEARS <u>29</u>	MONTHS <u>2</u>	DAYS <u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Suite house</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>		
13. NAME <u>Harry Reed Evans</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
15. MAIDEN NAME <u>Elizabeth Cassman</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Anna Evans</u> (ADDRESS) <u>2611 Hickory</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Palmyra</u> DATE <u>9-13-33</u>		
19. UNDERTAKER <u>Thos. Stanser</u> (ADDRESS) <u>722 S. Kings Highway</u>		
20. FILED <u>11 13 33</u> <u>J. H. Reddy</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-10-1933

22. I HEREBY CERTIFY, That I attended deceased from 9-6-33 19... to 9-10-1933, 1933
I last saw him alive on 9-9-33, 1933 Death is said to have occurred on the date stated above, at 12:45 a.m.
The principal cause of death and related causes of importance were as follows:
Intestinal obstruction due to volvulus Date of onset 9-6-33
122 B
133 B
Other contributory causes of importance:
Resection of portion of terminal ileum 9-9-33
Post operative shock 9-9-33
Name of operation Resection of ileum Date of 9-9-33
What test confirmed diagnosis? Operation 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? No
If so, specify.....
(Signed) William B Adams, M. D.
(Address) 1755 S. Grand

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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RECORDS SECTION - THIS IS A PERMANENT RECORD

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