

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

Do not use this space.

39543

JAN 26 1934

26
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2

PLACE OF DEATH
County Cole Registration District No. 213
Township _____ Primary Registration District No. 3014
City Jefferson City No. _____ St. _____ Ward _____

2. FULL NAME James Franklin 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.

File No. 272
Registered No. _____
St. _____ Ward _____

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>Della May Evans</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 2 1884</u>		
7. AGE	YEARS <u>49</u>	MONTHS <u>0</u>
	DAYS <u>11</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Miner</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer &</u>	
	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>Miles Co. Mo.</u>		
MOTHER	13. NAME <u>John Evans</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
	15. MAIDEN NAME <u>Bella Stanley</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Genoa</u>	
	17. INFORMANT <u>Della Evans</u> (ADDRESS) <u>Bedon, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bedon</u> DATE <u>Dec. 13 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Phillips Funeral Home</u> <u>Bedon, Mo.</u>		
20. FILED <u>12/30/33</u> <u>R. Bedford</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 13 1933 to Dec 13 1933, 1933
I last saw him alive on Dec 13 1933. Death is said to have occurred on the date stated above, at 12:10 m.
The principal cause of death and related causes of importance were as follows:
121A
121B
121C
General peritonitis
Date of onset 33

Other contributory causes of importance:
Appendicitis
Name of operation Appendix Date of 5/6/37
What test confirmed diagnosis? Op. Was there an autopsy? 33

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 General peritonitis
(Signed) W. R. Sledge, M. D.
(Address) Jefferson City, 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.

