

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

Do not use this space.

39764

JAN 26 1934
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PLACE OF DEATH *Green*
County *Green* Registration District No. *318*
Township _____ Primary Registration District No. *2-001*
City *Springfield* (No. _____) St. _____ Ward _____

File No. _____
Registered No. *892*

2. FULL NAME *Maggie Evans*
(a) Residence, No. *1414 Baptist Hospital* St. *Greenfield, Mo.*
(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 *F* 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 *Lot Evans*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 26 - 1862*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 7 23

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. *Housewife*
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) *Paris Illinois*

13. NAME *Allen Rogers*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*

15. MAIDEN NAME *unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

17. INFORMANT *Lot Evans*
(ADDRESS) *Greenfield Mo*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Greenfield Mo* DATE *Dec 19 1933*

19. UNDERTAKER *Harrison Undertaking Co*
(ADDRESS) *Greenfield Mo*

20. FILED *12-19-1933* *Ralph W. Langston*
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 19 1933*
22. I HEREBY CERTIFY, that I attended deceased from *Dec 7 to 1933, to Dec 15 1933*
I last saw her alive on *Dec 18 about 8am 1933* Death is said to have occurred on the date stated above, at _____
The principal cause of death and related causes of importance were as follows:

Pyloic obstruction (presumably from) Cancer
Date of onset *about Nov-20*

Other contributory causes of importance:
46B 46 11PC

Name of operation *none* Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) *Ray D. Callaway*, M. D.
(Address) *Springfield 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.

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April 26-62

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1933
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