MAR 24 1934

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

Do not use this space.

5545

1. PLACE OF DEATH

55 County Lawrence — Registration District No. 467 — File No.

Township ~~Aurora~~ — Primary Registration District No. 4280 — Registered No. 5

4 City Aurora (No. 603 East Highland St. Ward)

2. FULL NAME Howard Wilmer Evans

(a) Residence, No. 603 East Highland St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept.-27-1926

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	7	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

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) Aurora Missouri

FATHER

13. NAME Floyd Evans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade County Missouri

MOTHER

15. MAIDEN NAME May Clements

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aurora Missouri

17. INFORMANT (ADDRESS) Floyd Evans Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Aurora Mo. DATE Feb. 9 1934

19. UNDERTAKER (ADDRESS) King Funeral Home Aurora Mo.

20. FILED 2/9 1934 R. D. Cowan M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1934, to Feb. 1, 1934

I last saw him alive on Feby 1 1934 Death is said to have occurred on the date stated above, at 12.40 P.M.

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

This patient was seen by Dr V. T. Bickel and myself on above dates at which time he had Pneumonia, left lower lobe lung & fluid in left chest. He was subsequently attended, I understand, by various persons.

Date of onset

Other contributory causes of importance:

Name of operation Not to my knowledge Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Not known 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) R. D. Cowan, M. D.

(Address) Aurora, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.