DR. GEORGE

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

Do not use this space.

12600

1. PLACE OF DEATH
County GREENE — Registration District No. 318 — File No. 199
Township — Primary Registration District No. 2001 — Registered No.
City SPRINGFIELD (No. BURGE HOSP St. Ward)

2. FULL NAME OSCAR LEE EVANS
(a) Residence, No. 1230 E. COMMERCIAL 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 M
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 FRANCES EVANS
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 29 - 1871
7. AGE YEARS 62 MONTHS 5 DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wholesale
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Feed
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DELOVAN ILL

FATHER
13. NAME J. M. EVANS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

MOTHER
15. MAIDEN NAME ELLEN SHEETS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

17. INFORMANT (ADDRESS) Mrs Frances Evans Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE BUFFALO MO DATE ....19..

19. UNDERTAKER (ADDRESS) HERMAN LOHMEYER SPRINGFIELD MO

20. FILED 5-2 1934 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw him dead alive on April 29 1934. Death is said to have occurred on the date stated above, at 9:05 p m.
The principal cause of death and related causes of importance were as follows:

Gunshot wound of abdomen causing hemorrhage & retrocut — Date of onset

184
1038

Other contributory causes of importance:

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? accident Date of injury 4-29, 1934
Where did injury occur? Springfield Green Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home
Manner of injury By shot gun
Nature of injury Wound in abdomen

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Chas A George Coroner, M. D.
(Address) Springfield Mo

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.