

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.

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

Do not use this space.

NOV 22 1934

21096
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1. PLACE OF DEATH
County Mc Donald Registration District No. 1078
Township Mountain Primary Registration District No. 5695
City (No. St. Ward)

2. FULL NAME Narcissus Evans
(a) Residence, No. St. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF F K Evans
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8-1855
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 8 11

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, 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) Tenn

FATHER
13. NAME Elem Ross
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Doreas Vansandt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT L. G. Evans
(ADDRESS) Pea Ridge, Ark.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Antioch DATE 6-20 1934

19. UNDERTAKER C. F. Walker
(ADDRESS) Pea Ridge Ark.

20. FILED July 16 1934 Edwin Schell
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19 1934
22. I HEREBY CERTIFY, that I attended deceased from 6-10 1934 to 6-19 1934
I last saw h. or w. alive on 6-16 1934 Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

acute Colitis
General Debility
Date of onset 12/10/33
Date of death 6/19/34

Name of operation 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) W. D. Green M. D.
(Address) Pea Ridge Ark

