

WRITE PAINLY, 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.

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield Primary Registration District No. 2102 N. Rogers
City Springfield (No. 2102 N. Rogers) St. _____ Ward _____

22725

File No. _____
Registered No. 266
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 2102 N. Rogers 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24-1870

7. AGE YEARS 64 MONTHS 6 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Principal in school
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School room
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) Osage Co., Mo.

FATHER 13. NAME George W. Evans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calloway Co., Mo.

MOTHER 15. MAIDEN NAME Virginia Ann McDaniel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co., Mo.

17. INFORMANT (ADDRESS) Sue Evans, Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washwood cemetery DATE July 8 1935

19. UNDERTAKER (ADDRESS) W. B. Lemmon & Co., Springfield, Mo.

20. FILED 7-8 1935 W. B. Lemmon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/7 1935

22. I HEREBY CERTIFY, That I attended deceased from Max 1934, to 7/7 1935
I last saw him alive on 7/5 1935. Death is said

to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of ovary

Date of onset FEB 1934

Other contributory causes of importance: WA

Name of operation Exploratory Date of Oct 1934

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) W. B. Lemmon M. D.

(Address) SPRINGFIELD, MO.

17/11/1954
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