

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

Do not use this space.

28547

**1. PLACE OF DEATH**

County Wayne Registration District No. 893  
 Township Sodi-Cowan Primary Registration District No. 6196  
 City Sodi (No. ....) St. .... Ward)

**2. FULL NAME**

George Evans  
 (a) Residence, No. .... St. .... Ward. ....  
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow  
(Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-7-1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
88 9 23

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer.

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) Shells, Mich.

13. NAME Hugh Evans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Sarah Simmons

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) John Evans Sodi

18. BURIAL, CREMATION, OR REMOVAL PLACE Sodi DATE Sept. 1 1935

19. UNDERTAKER (ADDRESS) O.A. Myers Greenville

20. FILED 9/23 1935 J. F. Paulsen Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 25 1935 to Aug 29 1935

I last saw him alive on Aug 29 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:

Myocarditis

Date of onset 1/1/35

Other contributory causes of importance:

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) O.A. Myers , M. D.

(Address) Greenville, Mich

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.

