

DEC 1935
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35764

1. PLACE OF DEATH *Greene*
 County Registration District No. *318*
 Township *Springfield* Primary Registration District No. *200* File No. _____
 City *Springfield* (No. *St. Johns Hospital*) Registrar No. *586* St. _____ Ward) _____
 2. FULL NAME *J. Andrew Evans*
 (a) Residence No. *Stoutland* St. *Mo.* 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 <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <i>married</i>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Minnie V. Evans</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec 24-1865</i>		
7. AGE	YEARS <i>69</i>	MONTHS <i>10</i>
		DAYS <i>13</i>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>on farm</i>	
	10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo.</i>		
FATHER	13. NAME <i>John C. Evans</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ky.</i>	
MOTHER	15. MAIDEN NAME <i>Sarah Hillhouse</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
17. INFORMANT (ADDRESS) <i>H. B. Evans Kansas City, Kansas</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Stoutland Mo</i> DATE <i>Nov 8</i> 19 <i>35</i>		
19. UNDERTAKER (ADDRESS) <i>Evans Truck Co. Stoutland Mo.</i>		
20. FILED <i>Nov 8-1935</i> <i>R. W. Angstrom Registrar.</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 7*, 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 2*, 19*35*; to *Nov 7*, 19*35*
 I last saw him alive on *Nov 7*, 19*35* 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:
Chronic Myocarditis
Chronic nephritis
Chronic Prostatitis
 Date of onset _____

Other contributory causes of importance:
Enlarged prostate over long period
Strain completely blocked when entered hospital
 Name of operation *none* 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) *Walter Small* M. D.
 (Address) *Springfield Mo.*

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.

