

DEC 12 1935

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

Do not use this space.

36632

1. PLACE OF DEATH

County Livingston
Township Fairview
City Avalon, Mo. (No. _____)

Registration District No. 1076
Primary Registration District No. 5680

File No. 12
Registered No. 12
St. _____ Ward _____

2. FULL NAME

Mrs. Ruth Evans

(a) Residence, No. _____ 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 19

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
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) Red Oak Iowa13. NAME Emma P. Jones14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.15. MAIDEN NAME Mrs. M. Jones16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Walden17. INFORMANT (ADDRESS) Mrs. Emma Griffith
Walden Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Walden DATE 11-18 193519. UNDERTAKER (ADDRESS) E. P. Norman
Chillicothe20. FILED Nov. 17, 1935 Mrs. Char. Ludwig
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 21, 1935, to Nov 16, 1935I last saw her alive on Nov 16, 1935 Death is saidto have occurred on the date stated above, at 11:2 m.

The principal cause of death and related causes of importance were as follows:

Empyema Pleurisy about 11/1/35

Date of onset

Other contributory causes of importance:

Chronic myocarditis about 1925Chronic Deformal ulcer 1920Name of operation None Date of _____What test confirmed diagnosis? Chest Was there an autopsy? No

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.

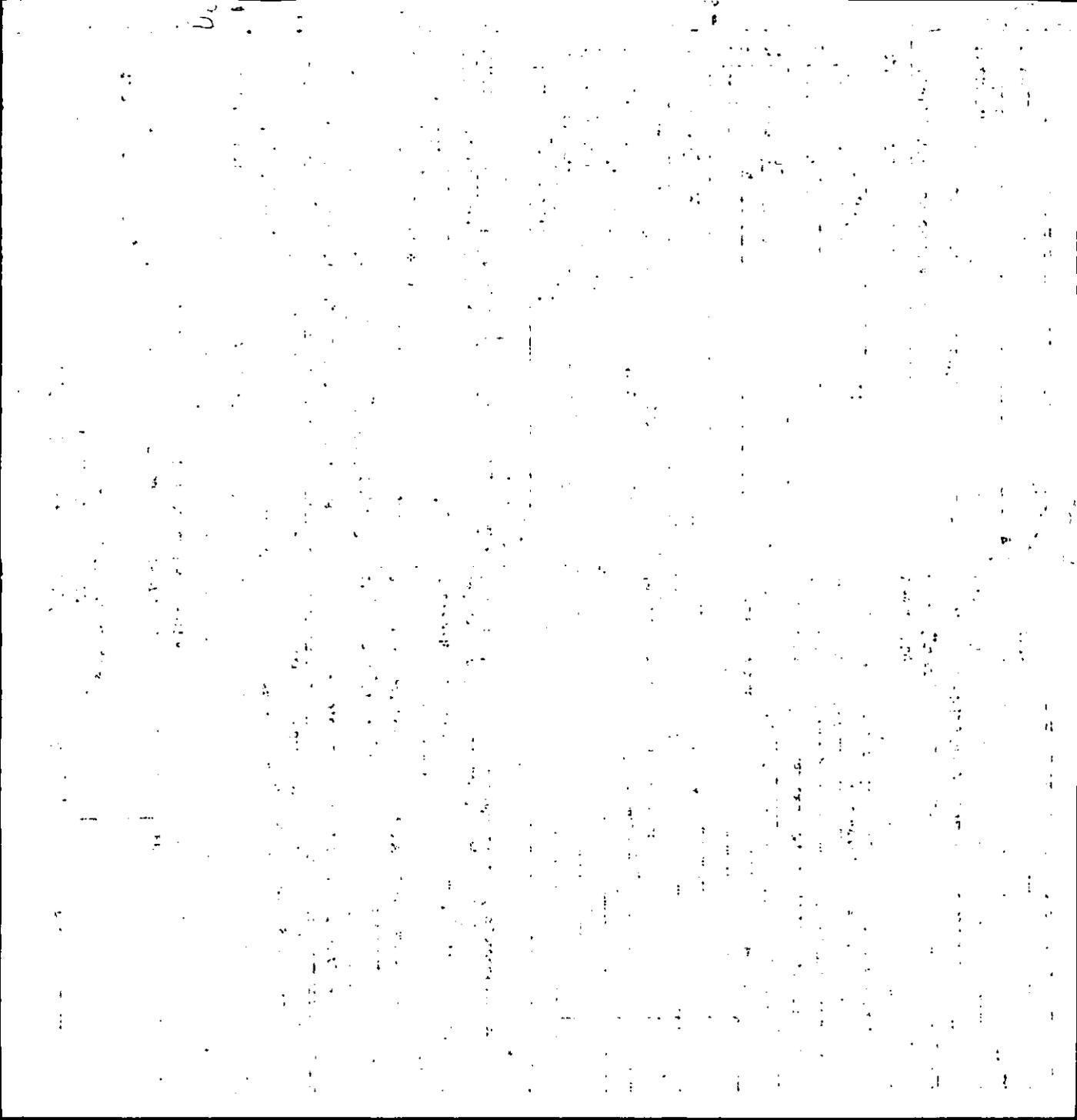
Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. C. Springer, M. D.(Address) Chillicothe Mo



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
Do not use this space.
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Livingston Registration District No. 1076 File No.
 Township Fairview Primary Registration District No. 5080 Registered No. 12
 City (No.) St. Ward)

2. FULL NAME

Mrs Ruth Evans
 (a) Residence, No. 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) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 19

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.
 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED Nov. 17, 1935 Mrs. Chas. Ludwig Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....
 I last saw h..... alive on....., 19..... 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:

Emphysema
Chronic Duodenal Ulcer
Indurated
 Date of onset 1/1 35
1930

Other contributory causes of importance:

No further history

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external cause (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) E. H. Carpenter, M. D.
 (Address) Chillicothe Mo

SUPPLEMENTARY

S-36632

RECEIVED
FEBRUARY 1963