

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

Do not use this space.

FEB 24 1936

2722

1. PLACE OF DEATH

County St. Francois Registration District No. 773
 Township St. Francois Primary Registration District No. 6018A
 Near City Farmington, Mo. (No. _____ St. _____ Ward _____)

File No. _____
 Registered No. 12

2. FULL NAME Dollie Evans
 (a) Residence, No. Birch Tree, Mo. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2, 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
17 4 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
 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) Greenville Mo.

FATHER 13. NAME Charley Clark

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

MOTHER 15. MAIDEN NAME Lillie Ann Hessley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mill Springs Mo.

17. INFORMANT (ADDRESS) Hospital Records Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Birch Tree, Mo. DATE 1-27-36

19. UNDERTAKER (ADDRESS) John H. Duncan Mountain View, Mo.

20. FILED Jan 26 1936 J. P. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 25, 1936

22. I HEREBY CERTIFY That I attended deceased from November 6, 1935 to January 25, 1936
 I last saw her alive on January 24, 1936 Death is said to have occurred on the date stated above, at 4:45 P.M.

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

Acute Chorea, Sydenham's Date of onset Sept. 1935

Other contributory causes of importance:

Acute endocarditis Nov. 1935
Mental deficiency (Moran) with July 1935
Psychosis

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical 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? No
 If so, specify _____

(Signed) C. C. Ault, M. D.
 (Address) Farmington, 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 FULLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

