

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

Do not use this space.

11771

1. PLACE OF DEATH

County Newton Registration District No. 615-
 Township Mason Primary Registration District No. 5817
 City Diamond (No. _____) St. _____ Ward _____

2. FULL NAME

William Alexander Evans
 (a) Residence, No. Route 1 St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 58 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 (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Evans
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28, 1846
 7. AGE YEARS 89 MONTHS 3 DAYS 29 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Unknown (STATE OR COUNTRY) Tennessee

MOTHER FATHER 13. NAME William H. Evans

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

15. MAIDEN NAME Nancy Logan

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

17. INFORMANT W. D. Evans (ADDRESS) Route 1 - Diamond, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Home Cemetery DATE Mar. 29, 1936

19. UNDERTAKER Knell Mortuary (ADDRESS) Southway, Newton

20. FILED Mar. 28, 1936 U. S. Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 16, 1936, to March 27, 1936
 Last saw him alive on March 25, 1936 Death is said to have occurred on the date stated above, at 3 a. m.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

Other contributory causes of importance:

Senility

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) U. S. Chapman, M. D.
 (Address) Diamond, Missouri

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.

