

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.

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

Do not use this space.

15290

MAY 19 1936

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Haw Primary Registration District No. 1002
City Keosauqua (No. 3215 Windsor)

File No. _____
Registered No. 20087
St. _____ Ward _____

2. FULL NAME Mary Agnes Evans

(a) Residence, No. 3215 Windsor Keosauqua Mo. Ward _____

(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 Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 9 Mo 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Kansas City, Mo

13. NAME Thomas Evans

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

15. MAIDEN NAME Minnie Evans

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

17. INFORMANT Mrs. Minnie Evans (ADDRESS) 3215 Windsor

18. BURIAL, CREMATION, OR REMOVAL PLACE Leedschmidt Cemetery DATE April 16, 1936

19. UNDERTAKER John W. Wagner (ADDRESS) 204 N. Lincoln

20. FILED Apr 18, 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14th, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 10th, 1936, to April 14th, 1936

I last saw him alive on April 14th, 1936 Death is said to have occurred on the date stated above, at 6:45 pm.

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

Chronic myocarditis

73 e

Other contributory causes of importance:

Hypostatic pneumonia

Name of operation _____ 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? _____
If so, specify _____

(Signed) Starr D. Ramsey M.D.
(Address) 3028 East 62nd St. Keosauqua
Phone Ch 5391

Date of onset 2 years
2 days

