

AUG 18 1936

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

Do not use this space.

791

25058

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No. **1003**
City St. Louis, (No. 1309, Hadley St.)..... St. Ward)

2. FULL NAME

Gabriel Evans
(a) Residence, No. 1309 Hadley St., 25 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/5/1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 2 12

OCCUPATION 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. Minister
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) La.

FATHER 13. NAME Alfred Evans

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

MOTHER 15. MAIDEN NAME Louise Hudson,

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

17. INFORMANT Henrietta Taylor
(ADDRESS) 2950 a Thomas St.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 7/3/ 1936

19. UNDERTAKER Wm. C. McDowell,
(ADDRESS) 3506 Franklin Ave.

20. FILED JUL 9 1936 J. Bredbeck
(Address) Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/17, 1936

No physician in attendance.
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 2:15P m.

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

Date of onset

Chronic MyocarditisOther contributory causes of importance: [Signature]

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) [Signature] M. D.
(Address) [Signature]

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.

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