AUG 1 1936

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

Do not use this space.

791

28019

1003

File No. 6747

Registered No.

**1. PLACE OF DEATH**

County

Township

City St. Louis (No. ~~225 Valentine~~ en route, City Hosp. #2, St. Ward)

Registration District No.

Primary Registration District No.

**2. FULL NAME** Reece Evans

(a) Residence, No. 225 Valentine 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | Colored | Single |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23, 1898

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 38 | 3 | 10 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common

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) Texas

FATHER

13. NAME Washington Evans

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

MOTHER

15. MAIDEN NAME Annie ALLEN

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

17. INFORMANT Pearl Jones
(ADDRESS) 225 Valentine

18. BURIAL, CREMATION, OR REMOVAL
PLACE JEFFERSON BARRACKS July 7 36

19. UNDERTAKER J. H. Harrison
(ADDRESS) 2906 Lawton Blvd.

20. FILED JUL 3 1936 J. P. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

~~No physician in attendance.~~

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jul. 2, 1936 .19

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 2 a. m.

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

| | Date of onset |
|---|---|
| Acute Congestion of Lungs | |
| Congestion of Liver (no definite disease.) | |
| Aortitis (Syphelitic.) | |
| Splenitis | |

Other contributory causes of importance: 34

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

What test confirmed diagnosis? ..... Was there an autopsy? yes

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) J. H. Gaskey, M. D.

(Address) St. Louis Coroner

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD