

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

Do not use this space.

1. PLACE OF DEATH

County Pemiscot
Township Hayti
City (No.) St. Ward)

Registration District No. 653
Primary Registration District No. 5864

File No. 31887
Registered No. 113

2. FULL NAME

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX m. 4. COLOR OR RACE negro. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1936, to Aug 20, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12, 1893

I last saw him alive on Aug 16, 1936. Death is said to have occurred on the date stated above, at 7 m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 43 11 8

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

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

Typhoid fever
Date of onset 8-1-36

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

MOTHER FATHER 13. NAME Frank Evans

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

MOTHER 15. MAIDEN NAME Juls Ann. Smith

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

17. INFORMANT Ella Mae Evans (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Hayti, Mo DATE 8-21, 1936

19. UNDERTAKER Roy Turner & Sons (ADDRESS) Hayti, Mo

20. FILED 10-8, 1936 J.W. Rhodes Registrar.

Name of operation Date of
What test confirmed diagnosis? S.T.S. 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) Alfred M. D.
(Address) Hayti, Mo

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.

JUN 3 1946

MAY 23 1946

