

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

Do not use this space.

38405

1. PLACE OF DEATH

County Washington Registration District No. 887
Township Potosi Primary Registration District No. 6179
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Phillip Bruce Evans
(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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 28 1935</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>6</u>
		<u>15</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation.
	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)	

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

FATHER

13. NAME Hadley James Evans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi Mo.

MOTHER

15. MAIDEN NAME Ellen Price

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredericktown Mo.

17. INFORMANT (ADDRESS) Hadley James Evans Potosi Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Potosi Mo. DATE 8/4 1936

19. UNDERTAKER (ADDRESS) J. B. Boyer Potosi Mo.

20. FILED Aug 3 1936 G. F. Crossman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/9 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-31 1936, to 8-2 1936.
I last saw him alive on 8-2 1936. Death is said to have occurred on the date stated above, at 4:00 A.M.

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

Acute Enterocolitis Date of onset 6-18-36

1/17

Other contributory causes of importance:
Sanis Conditions

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? No
If so, specify _____
(Signed) J. A. Dempsey M. D.
(Address) Potosi 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.

THIS IS A PERMANENT RECORD

