

NOV 4 1936

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

Do not use this space.

35133

1. PLACE OF DEATH

County Jackson  
Township Godair  
City (No. ....) St. .... Ward

Registration District No. 114  
Primary Registration District No. 5869

File No. ....  
Registered No. 25 St. .... Ward

2. FULL NAME

(a) Residence, No. Worsham Evans 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 m 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1880-7-5

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
86. 2 16

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

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

10. Date deceased last worked at this occupation (month and year) Sept. 18. 11. Total time (years) spent in this occupation 18.

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

13. NAME Berry Evans

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

15. MAIDEN NAME Mollie Evans

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

17. INFORMANT Hattie Holomon (ADDRESS) Godairville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Camady Smith DATE 9.22 1936

19. UNDERTAKER (ADDRESS) De Lisle Funeral Parlor

20. FILED 9-22 1936 Mary W. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to ..... 19.....

I last saw him alive ..... 19..... Death is said

to have occurred on the date stated above, at 6 a. m.

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

Apoplexy Date of onset 9-21-36

Other contributory causes of importance:

Infirmities of age

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?

If so, specify .....

(Signed) JWR Rhodie Coroner 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.

