

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.

DEC 3 1936

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

Do not use this space.

791

42688

1. PLACE OF DEATH

County..... Registration District No. 1003
Township..... Primary Registration District No.
City. St. Louis (No. City Hospital No. 2) St. Ward

File No. 11196
Registered No.

2. FULL NAME

Isabella Evans

(a) Residence, No. 3416 Rutger St. 18 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2 - 6 - 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 32 8 29

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

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

13. NAME Gilbert Reese

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

15. MAIDEN NAME Lena Harris

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

17. INFORMANT (ADDRESS) Father Mrs. Lawrence 2945 Lawton

18. BURIAL, CREMATION, OR REMOVAL PLACE Starksville, Miss. DATE Nov. 11, 1936

19. UNDERTAKER A. Russell Undertaking Co. (ADDRESS) 2732 Pine Street

20. FILED NOV 10 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 5 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 10 - 23 - 1936 to 11 - 5 - 36, 1936

I last saw her alive on 11 - 5 - 1936 Death is said to have occurred on the date stated above, at 8:25 Pm.

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

FAR ADVANCED PULMONARY TUBERCULOSIS Date of onset 10-23-36

Other contributory causes of importance:

Name of operation Date of operation
What test confirmed diagnosis? Clinical 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) W. L. Lewis M. D. (Address) City Hosp. # 2

