JAN 21 1937

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

Do not use this space.

45511

1. PLACE OF DEATH
County: Miller
Township: Gravois
City: Eldon (No. ..., 1 2 ... St. ... Ward)
Registration District No. 5-61
Primary Registration District No. 5-755
File No.
Registered No. 94

2. FULL NAME: George Peterson 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Emma Evans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 20 1861

7. AGE: YEARS 75 | MONTHS 11 | DAYS 4 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

FATHER
13. NAME: B. D. Evans
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wales

MOTHER
15. MAIDEN NAME: Susan Peterson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

17. INFORMANT (ADDRESS): Emma Evans, Eldon, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Eldon DATE: 12-27 1936

19. UNDERTAKER (ADDRESS): Phillips Funeral Home, Eldon Mo

20. FILED: Dec 26 1936 Belle Haynes, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-24 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1936, to Dec 24, 1936
I last saw h. alive on 12/24, 1936. Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	12/24/36
Other contributory causes of importance: Myocarditis	2

Name of operation ... Date of ...
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? No
If so, specify
(Signed) G. D. Walker, M. D.
(Address) Eldon, Mo.

A. B. C. Early death of informant should be avoided by careful reporting. Note month of death. EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.