

FEB 16 1937

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

Do not use this space.

545

1. PLACE OF DEATH  
 20 County Edwards Registration District No. 163  
 Township Box Primary Registration District No. 1228  
 City (No. ....) St. .... Ward .....

2. FULL NAME Martha E Evans  
 (a) Residence, No. .... St. .... Ward .....

(Usual place of abode)  
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
79 9 2

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .... 999  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

MOTHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
 13. NAME Joseph Leonard  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind  
 15. MAIDEN NAME Sarah Good  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

FATHER  
 17. INFORMANT Grant Levette  
 (ADDRESS) Edwards Springs Mo  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Ceat (cem) DATE 1-19-37

19. UNDERTAKER Swinn-Siders  
 (ADDRESS) Edwards Springs Mo

20. FILED 1-18-37 JW Dawson  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1937, to Jan 16, 1937  
 I last saw her... alive on Jan 15, 1937. Death is said to have occurred on the date stated above, at 3 P m.  
 The principal cause of death and related causes of importance were as follows:  
mitral insufficiency Date of onset .....

Other contributory causes of importance:  
NO

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) JW Dawson, M. D.  
 (Address) Edwards Springs

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.

