

APR 26 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County RandolphRegistration District No. 733File No. 13104Township HuntsvillePrimary Registration District No. 4438

Registered No. \_\_\_\_\_

City Huntsville (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Desamone 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

## MEDICAL CERTIFICATE OF DEATH

3. SEX Female4. COLOR OR RACE Negro5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. Coroner alive on base, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 6:30 p.m.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4, 1899

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
38 50 7Probably coronary thrombosisDate of onset 3-11-378. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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 \_\_\_\_\_

Other contributory causes of importance: none12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co13. NAME George Robinson

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RandolphWhat test confirmed diagnosis? clinical. Was there a autopsy? Yes.15. MAIDEN NAME Emma Jane Harve

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

17. INFORMANT John Evans (ADDRESS) Huntsville

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Huntsville DATE Mar 14 1937

Manner of injury \_\_\_\_\_

19. UNDERTAKER Tom B. Patton (ADDRESS) Huntsville

Nature of injury \_\_\_\_\_

20. FILED April 10, 1937 Dr. S. H. Baruhart Registrar.24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) E. W. Sprader, Coroner, M. D.(Address) Snodgrass, Inc.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

