

**JUN 16 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH
 1 County Adair Registration District No. 4 File No. 19264
 2 Township _____ Primary Registration District No. 3001 Registered No. 87
 3 City Kirksville (No. Stickler Hospital) St. _____ Ward _____

2. FULL NAME John B. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 6A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Eizabeth Evans
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27 - 1863
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 6 17
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner
 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) Gleannaghshire So. Wales
 13. NAME Evans
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) So. Wales
 15. MAIDEN NAME Hudson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) So. Wales
 17. INFORMANT (ADDRESS) Maria Evans Reveries no
 18. BURIAL, CREMATION, OR REMOVAL PLACE Reveries Mo DATE 5-16-37
 19. UNDERTAKER (ADDRESS) J. B. Edwards Reveries no
 20. FILED May 19, 1937 Spencer Freeman Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1937
 22. I HEREBY CERTIFY, That I attended deceased from May 13, 1937, to May 14, 1937
 I last saw him alive on May 14, 1937 Death is said to have occurred on the date stated above, at 1:15 P.M.
 The principal cause of death and related causes of importance were as follows:
apoplexy
 Date of onset _____
 Other contributory causes of importance: _____
 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) R. D. Stickler, M. D.
 (Address) Kirksville 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.

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