

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

Do not use this space.

JUN 23 1937

20454

1. PLACE OF DEATH

County **Johnson**
Township **Chilhowee**
City **Chilhowee** (No. _____, _____ St. _____ Ward)

Registration District No. **436**
Primary Registration District No. **5581**

File No. _____
Registered No. **7**

2. FULL NAME

Francis Marian Evans

(a) Residence, No. _____ St. _____ Ward.

(Usual place of abode)
Length of residence in city or town where death occurred **16** 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Apr 22-1862**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
75 -- 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired 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) **Chilhowee Mo**

13. NAME **Levi Evans**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Chilhowee Mo**

15. MAIDEN NAME **Kate Minton,**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

17. INFORMANT (ADDRESS) **Walter Evans Chilhowee, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Chilhowee Cem** DATE **May 13th 1937**

19. UNDERTAKER (ADDRESS) **O. L. Cook Chilhowee, Mo.**

20. FILED **May 13 1937** **J. S. Reedy** Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 11th 1937**

22. I HEREBY CERTIFY, That I attended deceased from **May 9**, 1937, to **May 11**, 1937

I last saw him alive on **May 11**, 1937. Death is said to have occurred on the date stated above, at **7. A. M.**

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

Pulmonary Edema Date of onset
Chronic throat trouble

Other contributory causes of importance:

Chronic throat trouble

Name of operation _____ Date of _____

What test confirmed diagnosis? **Chemic** 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) **J. S. Reedy**, M. D.

(Address) **Chilhowee Mo**

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Johnson Registration District No. 426 File No. 20454
Township Chilhowee Primary Registration District No. 53-81 Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Francis Marian 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) wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 — 19

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. _____
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) _____

FATHER
13. NAME _____

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

MOTHER
15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED May 13, 1937 J. B. Beatty Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____
I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Date of onset _____
Other contributory causes of importance _____

Chronic throat trouble
was a well established condition
of the esophagus that failed
small food and was
What post-mortem diagnosis _____
Was this an autopsy _____

23. Was death due to external cause (violence) or to 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) J. B. Beatty, M. D.
(Address) Chilhowee, Mo.

SUPPLEMENTARY

S-20454