

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

Do not use this space.

1. PLACE OF DEATH JUL 8 - 1937

791

County.....

Registration District No.....

1003

File No. 21793

Township.....

Primary Registration District No. 2

Registered No. **5545**

City St. Louis, Mo. (No. 1)

St. 1 Ward

2. FULL NAME Annie Evans

(a) Residence, No. 14227 Jefferson Ave Ward. (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 female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-26-1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 10 5

8. 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. House work
10. Date deceased last worked at this occupation (month and year) 4-2-37 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tray Mo.

13. NAME Lee Right

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tray Mo.

15. MAIDEN NAME unknown

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

17. INFORMANT 14227 Jefferson Ave (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE June 4, 1937

19. UNDERTAKER G. F. O. Danielson (ADDRESS)

20. FILED 4 1937 J. T. Bredeck Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30th 1937

22. I HEREBY CERTIFY, That I attended deceased from April 7th 1937, to May 26th 1937. I last saw her alive on May 26th 1937. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Myocarditis chronic
131
Other contributory causes of importance:
Decompensation
nephritis chronic

Name of operation..... Date of.....
What test confirmed diagnosis? Physioids 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) Ed Bailey M. D.
(Address) 2804 Franklin Ave

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.

22-5-899

