

N. B.—Every item of information should be carefully supplied. AGE should be stated in full years and months. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 27 1937

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

Do not use this space.

File No. 23523
 Registered No. 198
 St. _____ Ward _____

1. PLACE OF DEATH
 County Cole Registration District No. 213
 Township _____ Primary Registration District No. 3014
 City Jefferson (No. _____) St. _____ Ward _____

2. FULL NAME John Evans
 (a) Residence, No. 132 East High St. 2 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-10-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
60 2 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

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) St. Louis, Mo.

13. NAME Benjamin Evans

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

15. MAIDEN NAME Caroline Thomas

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

17. INFORMANT Mrs. Olive Evans
 (ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo. DATE June-28- 1937

19. UNDERTAKER (ADDRESS) Frank J. Gordon
Jefferson City, Mo.

20. FILED 6/26/37 Frank J. Gordon
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1937

22. I HEREBY CERTIFY That I attended deceased from 6/14/, 1937, to 6/26/, 1937
 I last saw h. live alive on 6/26/, 1937. Death is said to have occurred on the date stated above, at 5:20 A.M.
 The principal cause of death and related causes of importance were as follows:

Apoplexy. 19
5
 Date of onset 6/25/37

Other contributory causes of importance—Nephritis-Chr.
Arterio-sclerosis
Diabetes-mellitus
Cirrhosis of liver

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) Frank J. Gordon, M. D.
 (Address) Jeff. City, Mo.

