

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH HOMER G PHILLIPS HOSPITAL

791

1003

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City..... St. Louis

(No. 2601

N Whittier

File No.

25602

Registered No.

6776

St.

Ward)

2. FULL NAME Harrison Evans

(a) Residence, No. 2925 Franklin

St.,

21 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

Cornellia Evans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct. 8, 1887

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

49

9

4

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

nil

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Mississippi

13. NAME

Joe Evans

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

Mississippi

15. MAIDEN NAME

Sallie Page

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

Mississippi

17. INFORMANT
(ADDRESS)Evelyn Hilliard
2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Park DATE JULY 1937

19. UNDERTAKER
(ADDRESS)J. L. Bedard & Co
332 W. 14th St.

20. FILED

JUL 14 1937

J. J. Bredeck

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12 19 37

22. I HEREBY CERTIFY, That I attended deceased from
June 3 19 37 to July 12 19 37

I last saw him alive on July 12 19 37 Death is said

to have occurred on the date stated above, at 2:30 P.M.

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

Pulmonary Tuberculosis

Date of issue
6/3/37

Other contributory causes of importance

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

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) A. J. Lewis M. D.

(Address)

2601 N Whittier

No. 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.

