NOV 19 1937

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

Do not use this space.

38270

1. PLACE OF DEATH
County Mississippi
Township Ohio
City Wyatt (No. ..... St. ..... Ward)
Registration District No. 5-68
Primary Registration District No. 5762
File No. .....
Registered No. 172

2. FULL NAME Marshall Evans
(a) Residence, No. Perry Herman farm St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 6 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 Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20, 1936
7. AGE YEARS 1 MONTHS 0 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Earl Arkansas

FATHER
13. NAME James Evans
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Earl Arkansas

MOTHER
15. MAIDEN NAME Adele Winters
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Earl Arkansas

17. INFORMANT (ADDRESS) Marshall P. Powell Box 745 Wyatt Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Rush Ridge DATE Sept. 26 37
19. UNDERTAKER (ADDRESS) Frank Law Funeral Service Charleston Mo.
20. FILED 10-6- 1937 F S Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH 9 P.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 25 1937
22. I HEREBY CERTIFY, That I attended deceased from on Sept 17, 1937, to Sept 25, 19..
I last saw him alive on Sept 17, 1937. Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteroscolitis	D.K

Other contributory causes of importance: 11 9 B

Name of operation none Date of .....
What test confirmed diagnosis? Cl Symptoms 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? .....
If so, specify .....
(Signed) E. Clara Kolwing, M. D.
(Address) Charleston 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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