DEC 15 1937

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

Do not use this space.

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1. PLACE OF DEATH
County Butler
Township Neely
City ~~Near Neelyville~~ (No. ..... , ... St. ..... Ward)

Registration District No. 8-7-5130
Primary Registration District No. 5129

File No. 40774
Registered No. 62

2. FULL NAME Minnie 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 F.
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF T. H. Evans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24, 1888

7. AGE 37 — YEARS 49 — MONTHS 7 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. .....
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) Little Rock Arkansas

FATHER
13. NAME John Story
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Birmingham Alabama

MOTHER
15. MAIDEN NAME Addie ——
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

17. INFORMANT (ADDRESS) T. H. Evans Neelyville

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Neelyville DATE Nov. 9 1937

19. UNDERTAKER (ADDRESS) Greer Funeral Service Poplar Bluff, Mo.

20. FILED 11-20 1937 ~~M. Sappington~~ R. L. Turner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1937, to Nov 5, 1937
I last saw her alive on Nov 5, 1937 Death is said to have occurred on the date stated above, at 5:15 P.m.
The principal cause of death and related causes of importance were as follows:

chronic nephritis

Date of onset 2

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Other contributory causes of importance:
uremic coma

Name of operation none 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) H. Tenchette 1, M. D.
(Address) Naylor 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.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

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Do not use this space.

Registered No. 2

1. PLACE OF DEATH
(a) County: Butler Registration District No.: 68
(b) Township: Neely Primary Registration District No.: 5130
(c) City: (d) Street No.: St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Minnie Evans
(a) Residence, No.: St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: T. H. Evans
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 24 1888
7. AGE: Years 49 | Months 7 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as 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): Little Rock Arkansas

FATHER
13. NAME: John Story
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Birmingham Ala

MOTHER
15. MAIDEN NAME: Addie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

17. INFORMANT: T. H. Evans
(ADDRESS): Neelyville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Neelyville DATE: Nov 9, 1937

19. FUNERAL DIRECTOR: Greer Funeral Service
(ADDRESS): Poplar Bluff Mo

20. FILED: 1-6, 1938 R. L. Turner
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1937 to Nov 5, 1937
I last saw her alive on Nov 5, 1937. Death is said to have occurred on the date stated above, at 5:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance: Uremic Coma

Name of operation: none 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?
If so, specify:
(Signed): Homer E. White, M. D.
(Address): Naylor Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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