DEC 21 1937

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

Do not use this space.

41686

1. PLACE OF DEATH
County Knox
Township Liberty
City ..... (No. ....., ... St. ..... Ward)
Registration District No. 441
Primary Registration District No. 6243
File No. .....
Registered No. 31

2. FULL NAME John F. 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 M
4. COLOR OR RACE W
5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (write the word) S
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 - 1906
7. AGE YEARS 31 MONTHS 8 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Belmein Iowa.

FATHER
13. NAME John Evans.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomington Ill.

MOTHER
15. MAIDEN NAME Ellen Doyle.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomington Ill.

17. INFORMANT (ADDRESS) John Evans (Father)
18. BURIAL, CREMATION, OR REMOVAL
PLACE St Joseph DATE Nov 3 1937
19. UNDERTAKER (ADDRESS) Byron Easley Jr. By Paul Kriegshauser
20. FILED Nov 2 1937 Mrs C M. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 1 1937
22. I HEREBY CERTIFY, That I attended deceased from 10-10, 1937, to 11-1, 1937
I last saw him alive on 10-30, 1937. Death is said to have occurred on the date stated above, at 3:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins Disease	1-2-'36

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? ..... cervical gland removed no diagnosis yet.

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) Frederick L. Schmitt D.O. M.D.
(Address) Edina, 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.