JAN 19 1938

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

Do not use this space.

1. PLACE OF DEATH
County Howell — Registration District No. 384 — File No. 45535
Township — Primary Registration District No. 4227 — Registered No.
City West Plains (No. , St. Ward)

2. FULL NAME Evalina Albin

(a) Residence, No. St., Ward. Pottersville, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Fem	White	Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1932

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	6	5		

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.

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) Howell County, Mo.

FATHER

13. NAME E. L. Albin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co., Mo.

MOTHER

15. MAIDEN NAME Evalina Zumwalt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howell County, Mo.

17. INFORMANT E. L. Albin
(ADDRESS) Pottersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ledbetter Cem DATE Dec. 1 1937

19. UNDERTAKER T. J. Zumwalt
(ADDRESS) Crider, Mo.

20. FILED Dec. 1 1937 Vida W Simons
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1937 to Nov. 30, 1937

I last saw her alive on Nov. 29, 1937. Death is said to have occurred on the date stated above, at 1:45 A.M.

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

	Date of onset
Fracture of skull	11/29/37

Other contributory causes of importance:

210.82

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 11/29/37
Where did injury occur? Crider, Howell Co. Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Highway
Manner of injury Run over by car
Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) E. Rayse Bohrer, M. D.
(Address) West Plains, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.