

JAN 19 1938

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

45830  
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 467  
(b) Township Aurora Primary Registration District No. 4280 Registered No. 69  
(c) City Aurora (d) Street No. 538 Rinker Ave 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 Nancy Emmaline Evans

(a) Residence, No. 538 Rinker Ave. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26-1873  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
64 0 14  
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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec, 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1937, to Dec 10 1937  
I last saw her alive on Dec 10 1937. Death is said to have occurred on the date stated above, at 10.30 A.M.  
The principal cause of death and related causes of importance were as follows:

Myo Carditis

Date of onset 2nd Room

12. BIRTHPLACE (CITY OR TOWN) Dade County  
(STATE OR COUNTRY) Missouri

Other contributory causes of importance:

13. NAME Andrew J Olinger  
14. BIRTHPLACE (CITY OR TOWN) Tennessee  
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Carter  
16. BIRTHPLACE (CITY OR TOWN) Tennessee  
(STATE OR COUNTRY)

17. INFORMANT Troy Evans  
(ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Pennsboro Mo. DATE Dec, 12 1937

19. FUNERAL DIRECTOR King Funeral Home  
(ADDRESS) Aurora Mo.

20. FILED Dec 10 1937 R. H. Cowan, M.D.  
Local Registrar

Name of operation Date of  
What test confirmed diagnosis? Was there an autopsy?

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) J. M. Smith M. D.  
(Address) 121 W. Pleasant Aurora 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.

