REC'D JUN 16 1938

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

Do not use this space.

17918

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 125
Township Cape Girardeau Primary Registration District No. 8009
City Cape Girardeau (No. Green Row Smeltzville St. ..... Ward)

File No. .....
Registered No. 135

2. FULL NAME Tom Evans 15
(a) Residence, No. Cape Girardeau St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Male
4. COLOR OR RACE colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 22, 1886

7. AGE 52 YEARS 1 MONTHS 13 DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
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) Lainville Tenn

FATHER
13. NAME Terry Evans
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Malissa Evans
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Barney Evans Brother

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairmont DATE May 6 1938

19. UNDERTAKER (ADDRESS) F. J. Sparks 416 North Street

20. FILED 5-5 1938 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5th 1938

22. I HEREBY CERTIFY, That I attended deceased from 4 March 13 Day 1938, to 5/5 1938
I last saw him alive on 4/26 1938. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

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Labor, Pneumonia

Other contributory causes of importance:

Delayed Resolution

Name of operation non Date of
What test confirmed diagnosis? Gross Signature Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury non
Where did injury occur? non (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury non
Nature of injury non

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R. P. Dutton, M. D.
(Address) 108 Broadway Cape Girardeau 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.