

REC'D JUN 16 1938

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

18119
 Do not use this space.

1. PLACE OF DEATH

(a) County Crawford Registration District No. 231
 (b) Township _____ Primary Registration District No. 441 Registered No. _____
 (c) City Stelville Mo (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

(a) Residence, No. Mildred Evans St. (If nonresident, give city or town and State)
Stelville Mo
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28 1904
 7. AGE YEARS 33 MONTHS 5 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 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) Stelville 0
Missouri

FATHER 13. NAME William E. Evans 0
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cuba 1
Missouri

MOTHER 15. MAIDEN NAME Mayrtle K. Cloutts
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McKinney
Texas

17. INFORMANT (ADDRESS) William E. Evans
Stelville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stelville DATE 6/3- 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. Evans
Stelville Mo

20. FILED 6/10 1938 Stelville
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/31- 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 31 1937 to May 31 1938
 I last saw h. alive on May 30 1938. Death is said to have occurred on the date stated above, at 5:05 a.m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 1937

Other contributory causes of importance: J

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) Geo W. Hears _____, M. D.

(Address) Stelville Mo
267

HTLIA 45. TO CHAGE STATE BOARD

OF THE APPRENTICE NO. 12345

IN THE STATE OF CALIFORNIA

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.