

REC'D JUN 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County Haworth Registration District No. 979
Township Hutton Valley Primary Registration District No. 5537
City (No. 1) P. St. (No. 152) Ward

18421

File No.

Registered No.

2. FULL NAME

(a) Residence, No. 152 St. 152 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-4-1894

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
44 0 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemi. Myocarditis
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1895
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) Georgia

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT H. Evin (ADDRESS) Diamond Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Chapel Hill DATE May 16 1938

19. UNDERTAKER (ADDRESS) _____

20. FILED _____ 19 _____ Registrar. 356

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 193822. I HEREBY CERTIFY, That I attended deceased from May 9 1938 to May 15 1938I last saw him alive on May 9 1938 (Death is said to have occurred on the date stated above, at 12:00 p. m.)

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

Date of onset _____

Chemi. Myocarditis 1895

Other contributory causes of importance:

Result of Fall fracture hip joint

Name of operation _____ Date of _____

What test confirmed diagnosis Chemi. Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Fall Date of injury 5/9 1938Where did injury occur? her home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fracture of hipNature of injury fracture24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. D. Grant, M. D.(Address) West Plains, Mo

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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.

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1. IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

18421
Do not use this space.

PLACE OF DEATH

County Howell Registration District No. 979
Township Hutton Valley Primary Registration District No. 5537 Registered No. _____
City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
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.

DECEASED FULL NAME

Residence, No. Sarah Ewin St. (If nonresident, give city or town and State)
Pomona
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Wm Ewins
WIFE OF _____
AGE (OF BIRTH) (MONTH, DAY, AND YEAR) 5-4-1884
YEARS 84 MONTHS 0 DAYS 11
If LESS than 1 day, _____ hrs. or _____ min.

Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. unknown
Industry or business in which work was done, as saw mill, etc. unknown
Date deceased last worked at this occupation (month and year) _____
PLACE (CITY OR TOWN) Bevier STATE OR COUNTRY Mo
PLACE (CITY OR TOWN) Bevier STATE OR COUNTRY Mo

NAME Underwood
CITY OR TOWN Bevier STATE OR COUNTRY Mo
N. E. Ewins
Pomona Mo

PLACE OF BURIAL, CREMATION, OR REMOVAL
Chapel Hill DATE May 16 1938

MUNICIPAL HEALTH OFFICER (NAME AND ADDRESS)
Wm. View mo
5-18 1938 L. A. Cator
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1938

22. I HEREBY CERTIFY, That I attended deceased from May 9 to May 15, 1938
I last saw him alive on May 9, 1938 Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myo Carditis Date of onset 1935
Other contributory causes of importance:
Result of fall fracture of hip joint

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Fall Date of injury 5/9 1938
Where did injury occur? in home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fracture of hip
Nature of injury joint

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) P. D. Gump M. D.
(Address) West Plains Mo

