

REC'D JUL 14 1938

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

22435

Do not use this space.

## 1. PLACE OF DEATH

(a) County miller Registration District No. 5-61  
 (b) Township Sabine Primary Registration District No. 4330 Registered No. 52  
 (c) City Eldon (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

Sarah Bell Evans  
 (a) Residence, No. 410 E. High 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

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Reuben D Evans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 4

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 6 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house wife  
 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) Lancaster Ohio

FATHER 13. NAME J. A. Shoemaker

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

MOTHER 15. MAIDEN NAME Rebecca Spangler

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

17. INFORMANT (ADDRESS) Frank Shoemaker Eldon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Eldon Cemetery June 23 1938

19. FUNERAL DIRECTOR (ADDRESS) Phillip Funeral Home Eldon Mo

20. FILED 6-22-1938 Belle Haynes Local Registrar. 475 (Address) Eldon Mo

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from 6-10 1938 to 6-21 1938

I last saw her alive on 6-21 1938 Death is said to have occurred on the date stated above, at 9:30 p.m.

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

chronic interstitial nephritis Date of onset Jan 1920  
arteriosclerosis ?

Other contributory causes of importance: \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_

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

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) E. B. Shelton, M. D.

(f)  
(e)  
(d)  
1189  
10  
32  
A2  
38  
17

STATEMENT BY LICENSED EMBALMER

I, Louis J. Phillips, Licensed Embalmer No. 3663

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Louis J. Phillips  
Licensed Embalmer No. 366

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

FILL IN ANSWERS TO ALL PAGES  
CHECKED IN RED CIL.

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

22435-7  
Do not use this space.

PLACE OF DEATH

(a) County Miller Registration District No. 361  
(b) Township ..... Primary Registration District No. 4330 Registered No. 52  
(c) City Eldon (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.

PRINT FULL NAME Sarah B. Evans  
(a) Residence, No. 610 E. High 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

22. I HEREBY CERTIFY, That I attended deceased from .....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1874-6-17

I last saw h. .... alive on ....., 19.... Death is said to have occurred on the date stated above, at ..... m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min. 64 0 4

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hoof.  
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 .....

Chr. Interstitial nephritis Date of onset .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

Other contributory causes of importance: Arterio sclerosis

13. NAME .....

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

15. MAIDEN NAME .....

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

17. INFORMANT (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19....

19. FUNERAL DIRECTOR (ADDRESS) .....

FILED 6-22 1938 Belle Haynes Eldon Mo.  
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? .....  
If so, specify .....  
(Signed) E. C. Shelton M. D.  
(Address) Eldon Mo.

SUPPLEMENTARY

