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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REC'D AUG 25 1938

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

25916
Do not use this space.

1. PLACE OF DEATH
(a) County Miller
(b) Township Saline
(c) City Eldon
Registration District No. 561
Primary Registration District No. 4330
Registered No. 55
(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 Frede Fay Evans 152
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.
4. COLOR OR RACE: White
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) Feb 3. 1937

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
1	5	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant.
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) Miller Co Mo

FATHER
13. NAME James Evans
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co Mo

MOTHER
15. MAIDEN NAME Della Brizentine
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co Mo

17. INFORMANT (ADDRESS) Jas Evans Eldon Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Springs DATE 7-25 1938

19. FUNERAL DIRECTOR (ADDRESS) Buried by Neighbors

20. FILED 7-25 1938 Belle Haynes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 1938

22. I HEREBY CERTIFY That I attended deceased from May 16, 1938 to 7/25, 1938
I last saw him alive on 7/24, 1938. Death is said to have occurred on the date stated above, at 8 4 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T.B.	2

Other contributory causes of importance:

Name of operation ..... 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) G. D. Walker, M. D.
495 (Address) Eldon Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

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

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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