

REC'D SEP 16 1938

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

Do not use this space. X

1. PLACE OF DEATH

County Phelps
Township _____
City Rolla Mo (No. Rolla Hospital)

Registration District No. 677Primary Registration District No. 440.3File No. 29714Registered No. 106

St. _____ Ward _____

2. FULL NAME

Cherrey Paul Evans 152(a) Residence, No. Red no 1 Vichey Mo. Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 19 yrs. 10 mos. 7 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) June 9, 1918

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
nineteen ten seven

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

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) 7-6-37 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maries Co Mo 013. NAME Ernest Lee Evans 014. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Red Bird Mo 015. MAIDEN NAME Edith Geisler16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vichey Mo17. INFORMANT Mrs Ralph Hanson (ADDRESS) Vienna Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Macedonia DATE Aug 18 193819. UNDERTAKER Harry McCall (ADDRESS) Rolla Mo20. FILED Aug 18 1938 J. F. Ayers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16-19 193822. I HEREBY CERTIFY, That I attended deceased from Aug 17 1938, to Aug 16 1938I last saw him alive on Aug 16 1938. Death is saidto have occurred on the date stated above, at 7:00 A.M. Aug 16-38

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

General Peritonitis Date of onset _____following AppendicitisOther contributory causes of importance: 121Name of operation Appendectomy Date of 9-18-38What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) Arthur McFarland M. D.610 (Address) Rolla Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION

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FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

29714 ⁷
Do not use this space.

1. PLACE OF DEATH
 (a) County Phelps Registration District No. 677
 (b) Township..... Primary Registration District No. 4403 Registered No.....
 (c) City Palla (d) Street No.....
 (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 Chesley Earl Evans
 (a) Residence, No. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9 - 1918

7. AGE YEARS 20 MONTHS 2 DAYS 7 If LESS than 1 day, hrs. or min.

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

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

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

17. INFORMANT (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE
 19. FUNERAL DIRECTOR (ADDRESS)
 20. FILED Nov. 12, 1938 Jos. F. Ayers Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from .. to .., 19...
 I last saw h..... alive on .., 19... Death is said to have occurred on the date stated above, at..... m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset

Other contributory causes of importance:

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) Arthur McFarland, M. D.
 (Address) Palla Mo

SUPPLEMENTARY

FEES SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

OF DEATH FROM PHANTOM TWINNING, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCURRING IS VERY IMPORTANT.

S-29714