

DEED SEP 9 1938

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

29831
Do not use this space.

1. PLACE OF DEATH
(a) County Randolph Registration District No. 735
(b) Township Sugar Creek Primary Registration District No. 3034
(c) City Moberly Mo (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 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Addie Lee Evans 152
(a) Residence, No. 428 S. Moberly St 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo Allen Evans
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-27-1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 5 26

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-19-1938
22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938, to Aug 19, 1938
I last saw him alive on Aug 18, 1938. Death is said to have occurred on the date stated above, at 5:20 p.m.
The principal cause of death and related causes of importance were as follows:

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. Housewife
10. Date deceased last worked at this occupation (month and year) Aug 1-38 11. Total time (years) spent in this occupation _____

ch. Nephritis
Arteriosclerosis
Date of onset 2/38
Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. 0

FATHER 13. NAME Thomas Garnett 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 0

MOTHER 15. MAIDEN NAME Mary Riley

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

17. INFORMANT Mrs. Lora Stewart
(ADDRESS) 428 S. Moberly St

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cemetery DATE Aug-12-38

19. FUNERAL DIRECTOR Snow Funeral Home
(ADDRESS) Moberly Mo

20. FILED Aug 20, 1938 Ethel Bell
City Registrar

Name of operation None Date of _____
What test confirmed diagnosis Obit news 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) C. Smith, M. D.
(Address) Moberly, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Thomas E. Barnes, Licensed Embalmer No. 2414

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

L. E.

No. P. M. Gator or by P. M. Gator, Registered Apprentice No. 133
working under my personal supervision.

Signed Thomas E. Barnes

Licensed Embalmer No. 2414

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