

REC'D NOV 15 1938

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

35181

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township St. Joseph Primary Registration District No. 1001 Registered No. 1077
(c) City St. Joseph (d) Street No. 2405 Angelique 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 Madison J. Evans

(a) Residence, No. 2405 Angelique 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/12/'78

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 6 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Barber
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) St. Joseph
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Henry Evans

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Florence Evans
(ADDRESS) 2405 Angelique

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE 10/31/'38

19. FUNERAL DIRECTOR Graves Funeral Home
(ADDRESS) 806 S. 17th

20. FILED Oct 31 1938 A. J. Nestle
H. J. Nestle Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/27/'38

22. I HEREBY CERTIFY, That I attended deceased from 8:00 a.m. 1938, to 2:00 p.m. 1938,
I last saw him alive on 27 Oct 38, 1938 Death is said to have occurred on the date stated above, at 8:00 m.

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

Cerebral Hemorrhage

Date of onset
8:00 a.m. 1938

Other contributory causes of importance: 82 ul

Name of operation Chromic Date of 10/27/38
What test confirmed diagnosis Chromic 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 Blow
Nature of injury Blow

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) E. F. Strawn M. D.
(Address) E. F. STRAWN, M. D.

(Licensed Embalmer's Statement on Reverse Side)

1908 Housanic St.ST. JOSEPH, MO.

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.

STATEMENT BY LICENSED EMBALMER

I, A. T. Moore, RECV Licensed Embalmer No. 948

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

L. E.

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

working under my personal supervision.

Signed

A. T. Moore

Licensed Embalmer No. 948

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