

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.

REC'D FEB 28 1939

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

4233
Do not use this space.

1. PLACE OF DEATH

(a) County WASHINGTON Registration District No. 968
 (b) Township FRANKLIN Primary Registration District No. 6184
 (c) City _____ (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

(a) Residence, No. 1523 FLORENCE MELINDA EVANS St. (If nonresident, give city or town and State)
FOURTOLENS MO.
 (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) MARRIED

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 11 14

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)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FLAVES LANDING KENTUCKY

13. NAME JAMES ADNEY

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FLAVES LANDING KENTUCKY

15. MAIDEN NAME BAYS

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

17. INFORMANT EDGAR H. HARRIMORE (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE AMOUR CEMETERY DATE 2/2/39

19. FUNERAL DIRECTOR KEUCKER FUNERAL SER. (ADDRESS) IRBANTON

20. FILED Feb 17 1939 Mattie Turner Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31 1939

22. I HEREBY CERTIFY That I attended deceased from Dec 20, 1938, to Jan 31, 1939
 I last saw him alive on Dec 28, 1938. Death is said to have occurred on the date stated above, at 7:10 P.M.

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

chronic valvular heart disease

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) R. S. Bony, M. D.

(Address) Baronsville Mo

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 with the above constitutes grounds for revocation of license.)