WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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 APR 25 1939

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

Do not use this space.

12027

1. PLACE OF DEATH
County Randolph 2 1 Registration District No. 735 File No.
Township Sugar Creek Primary Registration District No. 3034 Registered No. 66
City Moberly (No. , St. Ward)

2. FULL NAME 152 Flem E. Evans
(a) Residence, No. 524 Winchester St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 6 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Allena Banks Evans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 4 1882

7. AGE: YEARS 56 MONTHS 7 DAYS 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cleaner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Clothing Cleaning & Pressing
10. Date deceased last worked at this occupation (month and year): Oct 15, 1937
11. Total time (years) spent in this occupation: 34

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Glasgow Mo

FATHER
13. NAME: George Evans
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Glasgow Mo

MOTHER
15. MAIDEN NAME: Vinna Evans
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Glasgow Mo.

17. INFORMANT (ADDRESS): Mrs Allena Evans 524 Winchester Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Glasgow Mo DATE Apr. 2 1939

19. UNDERTAKER (ADDRESS): Walker Andsley #3336 Glasgow Mo

20. FILED Mar. 31 1939 Leah Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 30 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1 1938, to March 30, 1939
I last saw him alive on March 29, 1939. Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Phthisis	
Pulmonalis	

Other contributory causes of importance: 23

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) H. A. Langdon, M. D.
925 (Address) Moberly, Mo.

I prepared the body of Flora Evans for burial at my place here in Glasgow.

my Missouri Embalmers licence is # 3336.

We buried the body Sunday apr. 2,

Yours Very Truly

J. Walker Ardeley

RECEIVED
District Health Officer No. 10
District File Number 10-39-694
Date Filed APR 17 1939