

REC'D MAY 10 1939

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

13853
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Lawe Primary Registration District No. 1002 Registered No. 1607
(c) City Jackson City (d) Street No. St Joseph Hospital 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 32 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

L. Leburn Jones Evans
(a) Residence, No. 3315 Harrison 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lillian Evans</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 17, 1867</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>1</u>	DAYS <u>29</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired R.R. Man</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Car repair Dept</u>	
	10. Date deceased last worked at this occupation (month and year)..... <u>March 1939</u>	
		11. Total time (years) spent in this occupation <u>35</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Randolph Co. Mo</u>		
FATHER	13. NAME <u>Wm J Evans</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Margaret Jones</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>	
17. INFORMANT (NAME) <u>Mrs Lillian Evans</u> (ADDRESS) <u>3315 Harrison</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>MT MORIAH</u> DATE <u>April 18, 1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>A. Newcomer Sons</u> (ADDRESS) <u>Brushcreek x Rason</u>		
20. FILED <u>Apr 17 1939</u> <u>M. M. Brown</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1938, to April 16, 1939
I last saw him alive on April 16, 1939 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:
Chronic myocarditis Date of onset 12-1-38
31

Other contributory causes of importance:
Chronic Interstitial Nephritis 12-1-38

Name of operation..... Date of.....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Chas S. Nelson, M. D.
(Address) 26 E. 26th St. Ave

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.