

159 JUL 18 1939

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

22885
Do not use this space.

1. PLACE OF DEATH
(a) County Peru Registration District No. 653
(b) Township Concord Primary Registration District No. 586
(c) City _____ (d) Street No. _____ Registered No. 61
(e) Length of residence in city or town where death occurred 5 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lillie Evans
(a) Residence, No. _____ St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Cal 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-27-1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
54 6 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Handkeeper
9. Industry or business in which work was done, as saw mill, bank, etc. home
10. Date deceased last worked at this occupation (month and year) 6-14-39 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Miss

13. NAME Alex Cade 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Miss

15. MAIDEN NAME Adeline Haller 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Miss

17. INFORMANT Mrs. P. O. Wesley (ADDRESS) Wayh - mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Concord, Mo. DATE 6-28 1939

19. FUNERAL DIRECTOR Wm. J. Smith (ADDRESS) Wayh - mo

20. FILED 6/38 1939 Miss Paul Kelley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24 1939

22. I HEREBY CERTIFY, That I attended deceased from June 18 1939, to June 24 1939
I last saw her alive on June 18 1939. Death is said to have occurred on the date stated above, at 3:24 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy
Senility
Generalized arteriosclerosis

Other contributory causes of importance:
Senility
Generalized arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Exs 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) Asphrey, M. D.
Wayh, mo (Address) 746

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.

RECEIVED

District Health Officer No. 3,

District File Number 789-392

Date Filed 7/7/39

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.)