

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

36084
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 318

(b) Township SPRINGFIELD Primary Registration District No. 2001

(c) City SPRINGFIELD (d) Street No. 1410 W Water St.

(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 SOLOMON DAVID EVANS

(a) Residence, No. 1410 W WATER St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9-1934

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 5 4 13 1/4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo

13. NAME Chas Evans (Dece)

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

15. MAIDEN NAME Nellie J. Stinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo

17. INFORMANT (ADDRESS) Mrs Nellie Evans Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE 10-24-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Osborn Funeral Home Springfield Mo

20. FILED Oct 24 1939 Chas A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1939, to Oct 22, 1939. I last saw him alive on Oct 22, 1939. Death is said to have occurred on the date stated above, at 7:10 a.m.. The principal cause of death and related causes of importance were as follows:

Septicemia, streptococcus
Myocardial failure

Other contributory causes of importance:
Acute Scurvy
Anemia, secondary
Toxemia

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 1939. Where did injury occur? None (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Chas A. George, M. D.
(Address) 578-279 2nd St. Springfield 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.

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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 *Floyd W. Ford*

Licensed Embalmer No. *2910*

P. O. Address *629 W Walnut*

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.

X