

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

Do not use this space.

38098

FROM DEC 5 - 1940

1. PLACE OF DEATH

County Bollinger Registration District No. 69
Township Waverly Primary Registration District No. 5108
City Zalma, Mo. (No. 2) St. _____ Ward _____

File No. _____
Registered No. 40

2. FULL NAME

Jerry Wayne Evans
(a) Residence, No. Zalma, Mo. 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. — mos. 7 1/2 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 5, 1940
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min. 7 — — — 65

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13, 1940
22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1940, to Nov. 13, 1940
I last saw him alive on Nov. 12, 1940 Death is said to have occurred on the date stated above, at 4:30 A. m.
The principal cause of death and related causes of importance were as follows:

Premature Birth

Date of onset Nov. 5, 1940

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

Other contributory causes of importance: 1 1/2 month infant

12. BIRTHPLACE (CITY OR TOWN) Zalma, Mo. (STATE OR COUNTRY) Mo.

FATHER
13. NAME Thurman Jewel Evans

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical Was there an autopsy? No

MOTHER
14. BIRTHPLACE (CITY OR TOWN) Zalma, Mo. (STATE OR COUNTRY) Mo.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—

15. MAIDEN NAME Lola Edna Randolph

Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) Zalma, Mo. (STATE OR COUNTRY) Mo.

17. INFORMANT M. & Mrs. Thurman J. Evans (ADDRESS) Zalma, Mo.

Manner of injury —
Nature of injury —

18. BURIAL, CREMATION, OR REMOVAL
PLACE Beat. Cemetery DATE Nov. 13, 1940

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

19. UNDERTAKER Henry Bridger Pastor (ADDRESS) Zalma, Mo.

(Signed) D. R. C. Smith, D. O., M. D.
70 (Address) Zalma, Mo.

20. FILED 720, 1940 Mrs. John Berry Registrar

N. E.—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.

