

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

Do not use this space.

1. PLACE OF DEATH

County Franklin Registration District No. 351
 Township Farrington Primary Registration District No. 3492
 City (No. _____) _____ St. _____ Ward _____

File No. 27095
 Registered No. 18

2. FULL NAME

Leola E. Evers
 (a) Residence No. Deep Water Mo. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE Married, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 2 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Deep Water Mo.
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Henry Evers
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pennsylvania
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Mary Ann Cassell
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pennsylvania
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Fannie Evers
 (Address) Deep Water

15. FILED 8710 19 38 J. H. Russell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 9 1928

17. I HEREBY CERTIFY, That I attended deceased from July 21, 1928, to Aug 9, 1928 that I last saw him alive on Aug 9, 1928 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Bronchitis

10613 99B
 (duration) 5 yrs. mos. da.

CONTRIBUTORY (SECONDARY) (duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH. DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) E. H. Taylor, M. D.
Aug 9, 1928 (Address) Brownington Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL, STATE OF BURIAL Deep Water Mo.

20. UNDERTAKER Tom Hurst ADDRESS Deep Water Mo.

N. R.—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.

