

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

Do not use this space.

27596

1. PLACE OF DEATH

County Jasper
Township
City Carthage (No.)

Registration District No. 40 F
Primary Registration District No. 3020

File No.
Registered No.
St. Ward)

2. FULL NAME

Edward M. Carthy Evans

(a) Residence No. 1813 D. January St. Ward.

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female | White | Widowed

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

D. D. Evans

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

Dec. 27 - 1860

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>67</u>	<u>7</u>	<u>15</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kansas City, Mo.

10. NAME OF FATHER

Edward M. Carthy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Virginia

12. MAIDEN NAME OF MOTHER

Mary Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Virginia

14.

INFORMANT R. D. Oline
(Address) Carthage, Mo.

15.

FILED Aug. 13, 1928. Cliff Schaub REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

Aug. 12th 1928

17. I HEREBY CERTIFY That I attended deceased from June 5, 1928 to Aug 12, 1928 that I last saw him alive on Aug 12, 1928 and that death occurred, on the date stated above, at 11:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

38 Arterio-sclerosis
91 Intermittent fever with enlarged spleen
(duration) yrs. 6 mos. da.
(SECONDARY) (duration) yrs. 3 mos. da.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) P. A. Nestor, M. D.
Aug 13, 1928 (Address) Carthage, Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Carthage, Mo. Aug. 14th 1928

20. UNDERTAKER

ADDRESS

Knell Mortuary Carthage

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.

THIS IS A PERMANENT RECORD

SEP 26 1928

