

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

Do not use this space.

MAY 20 1937

1. PLACE OF DEATH

County Henry
Township Windsor
City Rolla (No. 1)

Registration District No. 1454
Primary Registration District No. 421

File No. 16450
Registered No. 11 Ward

2. FULL NAME

(a) Residence, No. Rural Rt. 2, Calhoun, Mo. St. Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1859

7. AGE YEARS 78 MONTHS _____ DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonaparte, Iowa

13. NAME John Evans

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

15. MAIDEN NAME Katherine Swalley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT (ADDRESS) Wife, P. J. D. Calhoun, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun, Mo. DATE May 15, 1937

19. UNDERTAKER (ADDRESS) Windsor, Mo.

20. FILED May 14 1937 J. Jennings Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1937, to May 13, 1937

I last saw him alive on May 13, 1937. Death is said to have occurred on the date stated above, at 11 P.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset 3

Other contributory causes of importance: 131

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) Ray B. Jordan, M. D.
(Address) Windsor, 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.

OCT 2 1949