

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

Do not use this space.

16879

1. PLACE OF DEATH

County Henry
Township Windsor
City..... (No.....).....

Registration District No. 14
Primary Registration District No. 45-11

File No.
Registered No. 23
St. Ward)

2. FULL NAME

Oliver Evans

(a) Residence. No. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 12 - 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 | 10 | 16

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) Coleburg, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Robt Evans

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

12. MAIDEN NAME OF MOTHER Mary Hill

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

14. INFORMANT Mr. N. M. Stone
(Address) Windsor, Mo.

15. FILED May 28 1928 J. Jennings REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28 1928

17. I HEREBY CERTIFY That I attended deceased from May 28 to May 28 and that I last saw him alive on May 27 1928 and that death occurred, on the date stated above, at 82 A m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral hemorrhage
of the
82 A

CONTRIBUTORY (SECONDARY) Arterio-sclerosis
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED (duration) yrs. mos. da.

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Microsc.

Signature J. Jennings, M. D.
Address Windsor

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 DATE OF BURIAL

Bellevue Cemetery May 30 1928

20. UNDERTAKER ADDRESS

W. E. Hurston Windsor Mo.

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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