

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

Do not use this space.

18720

**1. PLACE OF DEATH**

County McDonald  
Township Judson  
City (No. ....) .....

Registration District No. 578  
Primary Registration District No. 5689

File No. 1-1929  
Registered No. 21  
St. .... Ward)

**2. FULL NAME**

Marion Oscar 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. 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single.

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28 1929

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

17. I HEREBY CERTIFY, That I attended deceased from 7:30 AM May 28 1929 to 2:30 PM May 28 1929 that I last saw h..... alive on..... 19..... and that death occurred, on the date stated above, at: 98 m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 24 1920

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
3 4

Acute indigestion  
11:30 11:30  
(duration) ..... yrs. .... mos. .... ds.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work.....  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

CONTRIBUTORY (SECONDARY) Eating Raw Shrimp  
a few hours (duration) ..... yrs. .... mos. .... ds.

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

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

10. NAME OF FATHER W. Evans

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

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

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Odessa Carter

WHAT TEST CONFIRMED DIAGNOSIS? Holman and Johnson  
(Signed)..... M. D. W.S. Beat

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

May 29 1929 (Address) Judson

14. INFORMANT W. Evans (Address) Judson

\*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.

15. FILED 5/29 1929 Andrew Mitchell REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Zion Cemetery DATE OF BURIAL 5/29 1929

20. UNDERTAKER Geo Patina ADDRESS Judson

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.

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