

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

Do not use this space.

File No. 26583
Registered No. 271
St. _____ Ward)

1. PLACE OF DEATH
County Jackson Registration District No. 398
Township Blue Primary Registration District No. 5954
City Sugar Creek (No. 1019 So High) St. _____ Ward)

2. FULL NAME James M. Evans
(a) Residence. No. 1019 So High 1st. _____ Ward. (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

2) MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 6-1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 2 19

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 25 1930

17. I HEREBY CERTIFY, That I attended deceased from 8:20 1930, to 9:25 1930 that I last saw him alive on 8:29:30 1930 and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypertension
Cerebral Hemorrhage
82: A
102 (duration) yrs. mos. ds.
CONTRIBUTORY Hypertension (SECONDARY) (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Dr. Williams M. D.

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

10. NAME OF FATHER John Evans

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No Record

12. MAIDEN NAME OF MOTHER No Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No Record

Aug. 25, 1930 (Address) 10307 Dr. Depans KOMO
*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.

14. INFORMANT Frank A. Evans (Address) Sugar Creek-Mo.

15. FILED 8-25-30 W. Cook REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lapeka KS DATE OF BURIAL Aug 26 1930

20. UNDERTAKER Mr. G. L. Justice ADDRESS K.C. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

