

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

Do not use this space.

5322

**1. PLACE OF DEATH**

County Howards Registration District No. 379  
 Township Chariton Primary Registration District No. 7223  
 City Glasgow (No. ....) St. .... Ward)

**2. FULL NAME**

Joseph 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 4 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>/</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-28-1857</u>		
7. AGE	YEARS	MONTHS
<u>74</u>	<u>11</u>	<u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer 237</u>		
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) <u>Chariton County Missouri</u>		
13. NAME <u>George Evans</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chariton County Missouri</u>		
15. MAIDEN NAME <u>Vina Clark</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chariton County Missouri</u>		
17. INFORMANT (ADDRESS) <u>Flem Evans Glasgow, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Glasgow, Mo</u> DATE <u>3-1-31</u>		
19. UNDERTAKER (ADDRESS) <u>Tommy Hillen Glasgow, Mo</u>		
20. FILED <u>3/26</u> 19 <u>31</u> <u>H. J. Memphis</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-27 1931

22. I HEREBY CERTIFY That I attended deceased from July 27, 1928 to Feb 27, 1931  
 I last saw him alive on Feb 20, 1931. Death is said to have occurred on the date stated above, at 10:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Hemorrhage  
2 m. after  
820  
 Other contributory causes of importance:  
820  
 Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....  
 If so, specify .....  
 (Signed) W. H. ..., M. D.  
 (Address) Glasgow, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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