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

Do not use this space.

~~[illegible]~~

1. PLACE OF DEATH
County Dade
Township ~~North~~ Linn
City (No. ..... St. ..... Ward)

Registration District No. ~~240~~ 165
Primary Registration District No. ~~5339~~ 5-231

File No. 27749
Registered No. 26

2. FULL NAME Evylin June Church
(a) Residence. No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AUG 25 1931

CAUSE OF DEATH in plain terms, so that ... be properly classified. Exact statement of OCCUPATION is ... tant.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 29 - 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1		2	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ~~Not any~~
(b) General nature of industry, business, or establishment in which employed (or employer) Infant
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Arcola, Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Gilbert Church
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Cedar County, Mo.
12. MAIDEN NAME OF MOTHER Lora Wilkins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Dade County, Mo

14. INFORMANT J. T. Wilkins
(Address) Arcola, Mo.

15. FILED Aug. 19 31 E. S. Smith REGISTRAR
Mary Bayless

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 5, 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1930, to Aug 1, 1931 that I last saw her alive on Aug 6, 1931, and that death occurred, on the date stated above, at 2 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Consumption of Lungs
23 A
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 23
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) A. Higgins, M. D.
, 19 (Address) Arcola, Mo.

*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
Stockton, Mo	Aug. 6 1931
20. UNDERTAKER W. C. Davis & Co	ADDRESS Stockton