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

Do not use this space.

32520

File No. 9328

Registered No.

Registration District No. 791 1013

Primary Registration District No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 5707 A Woodland ave St. Ward)

2. FULL NAME Robert Evans

(a) Residence, No. 4227 Castleman St., 17 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

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: Alberta Evans

6. DATE OF DIATH (MONTH, DAY, AND YEAR): Aug 28, 1903

7. AGE: YEARS 28 | MONTHS 0 | DAYS 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ash Furniture Co

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): Kansas City Mo

FATHER

13. NAME: Robert A Evans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER

15. MAIDEN NAME: Ennie Mattingly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Mrs Alberta Evans 4227 Castleman ave

18. BURIAL, CREMATION, OR REMOVAL: Park
PLACE Calvary Burial DATE 9-5-31

19. UNDERTAKER (ADDRESS): Bragg Hauser 4228 Bo Bragg Hauser

20. FILED SEP 1 1931, 19 May C. Powell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-2, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9-2, 1931, to 9-2, 1931

I last saw h. alive on 9-2, 1931. Death is said to have occurred on the date stated above, at 8 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	9/2/31
938	
930	

Other contributory causes of importance:

Acute Myocarditis

Name of operation Date of

What test confirmed diagnosis Usual Symptoms Was there an autopsy? no

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? No

If so, specify

(Signed) C. E. Alderdice M. D.

(Address) 5500 Robin Av St Louis Mo

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