

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

Do not use this space.

8969

1. PLACE OF DEATH

50 County Jefferson Registration District No. 422
5 Township Central Primary Registration District No. 4230
1 City Hillsboro (No. _____ St. _____ Ward)

File No. _____
Registered No. _____

2. FULL NAME

John Robert ~~John~~ 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 40 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>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Catherine Evans</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 23 1858</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>4</u>
	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Stock Dealer</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>Sandy Mo.</u>		
FATHER	13. NAME <u>John Evans</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wales England?</u>	
MOTHER	15. MAIDEN NAME <u>Maud Johnson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Yorktown Mo.</u>	
17. INFORMANT (ADDRESS) <u>Wm Evans Hillsboro</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hillsboro</u> DATE _____ 19__		
19. UNDERTAKER (ADDRESS) <u>Ronell B. Dietrich</u>		
20. FILED <u>March 11, 1932</u> <u>Harry Long</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6 1932

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1932 to date of death. I last saw him alive on March 6, 1932. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:
valvular disease of heart
774
92W
Other contributory causes of importance: (1)

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) G M. [unclear], M. D.
(Address) Hillsboro 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.

APR 27 1932

