

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

Do not use this space.

9484

1. PLACE OF DEATH
 78 County Pemiscott Registration District No. 114
 Township Butler Primary Registration District No. 0867
 City Portageville, Mo (No. _____) St. _____ Ward _____
7 miles South East
 2. FULL NAME Mrs Kate Evans
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) Portageville, Mo. R.F.D.# 2 (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 Female 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 Ed Evans
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 14, 1885
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 8 17

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 10. Date deceased last worked at this occupation (month and year) 8 weeks 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY) Near West Frankfort

FATHER
 13. NAME James Logan

14. BIRTHPLACE (CITY OR TOWN) Tenn (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Evelyn Wilson

16. BIRTHPLACE (CITY OR TOWN) Tenn (STATE OR COUNTRY)

17. INFORMANT Ed Evans (ADDRESS) Portageville, Mo. R.F.D.#2

18. BURIAL, CREMATION, OR REMOVAL PLACE Brazwell Co. Mo. DATE 3/16 1932

19. UNDERTAKER (ADDRESS) James H. Johnson
Portageville, Mo.

20. FILED 3/10 19 32 Cl Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March, 31, 32

22. I HEREBY CERTIFY, That I attended deceased from Not at all - No doctor saw her, 1932

I last saw her alive on Never, 1932. Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:
 Date of onset about 4 weeks ago, Date of onset

Evidently Flu at that time.
About 4 days ago, pneumonia set in according to history given.

Other contributory causes of importance: None

Name of occupation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? (1)

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1932
 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? Yes
 If so, specify _____

(Signed) A. W. Reacher, M. D.
 (Address) Portageville, 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 28 1932

