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.

OCT 28 1932

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

Do not use this space.

29873

1. PLACE OF DEATH

71 County Morgan — Registration District No. 971 — File No. 12

Township Milk Creek — Primary Registration District No. 5797 C — Registered No. 971

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Jennie S Evans

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe — 4. COLOR OR RACE W — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. R. Evans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3 - 1866

7. AGE — YEARS 64 — MONTHS 11 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Mo. 1

FATHER

13. NAME Peter P. McNeil 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hampshire 2

MOTHER

15. MAIDEN NAME Sarah Elston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elston Mo. 1

17. INFORMANT (ADDRESS) Dr. Chas McNeil Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Olive DATE Sept 30 1932

19. UNDERTAKER (ADDRESS) Gillespie Furn Home Sedalia Mo

20. FILED 10/1 1932 O E Cordry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1929, to Sept 28, 1932

I last saw her alive on Sept 29, 1932. Death is said to have occurred on the date stated above, at 9:50 P.m.

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

Carcinoma peritoneum — Date of onset June 1931

46 G

59 A 46 G

Other contributory causes of importance: Chronic arthritis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) Chas McNeil, M. D.

(Address) Sedalia Mo.