

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

Do not use this space.

26585

1. PLACE OF DEATH

County Jackson Registration District No. 399

Township Rau Primary Registration District No. 1002

City Keokuk (No. 27, East 53th)

File No. _____

Registered No. 3335

St. _____ Ward _____

2. FULL NAME Richard G. Evans

(a) Residence, No. 5300 Hardisty St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 72 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 Mrs R.G. Evans

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 20 - 1861

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>72</u>	<u>3</u>	<u>28</u>	

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

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) Berry Mo

13. NAME Richard Evans

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

15. MAIDEN NAME Mary Gasten

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

17. INFORMANT Dr. L. Evans (ADDRESS) 55 East 53rd

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Aug 21 1933

19. UNDERTAKER Dewey & Sons (ADDRESS) 211 East 9th

20. FILED Aug 21, 1933 M. M. Corvone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. alive at corner, 19____ Death is said

to have occurred on the date stated above, at 4 A. m.

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

Coronary thrombosis Date of onset _____

Other contributory causes of importance: Chronic myocarditis

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

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) P. H. Owens, M. D.

(Address) Keokuk Paoli Mo

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.

SEP 26 1933

WITH CONTINUING VALUE—THIS IS A PERMANENT RECORD

