

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.

MAR 12 1936

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

Do not use this space.

8419

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City..... (No. ST. JOHNS HOSPITAL) St. Ward)

File No.
Registered No. 2131

2. FULL NAME CORA EVANS

(a) Residence, No. 7015 Waterman St. N.P. Ward. U. City Mo.
(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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Evans</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 14, 1867</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>--</u>	DAYS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10 1935 to Feb 25 1936
I last saw him alive on Feb 24 1936. Death is said to have occurred on the date stated above, at 8:30 P.m.
The principal cause of death and related causes of importance were as follows:
Cancer of uterus & vagin
Primarily in uterus
Date of onset 2-28-36

Other contributory causes of importance: H&O

Name of operation None 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) Louis A. Kautz M.D.
(Address) 2217 2nd Broadway

12. BIRTHPLACE (CITY OR TOWN)..... High Hill, Mo.
(STATE OR COUNTRY)

13. NAME Frank Craig
14. BIRTHPLACE (CITY OR TOWN)..... unknown
(STATE OR COUNTRY)

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN)..... Unknown
(STATE OR COUNTRY)

17. INFORMANT H. B. EVANS
(ADDRESS) 7015 Waterman

18. BURIAL, CREMATION, OR REMOVAL
PLACE High Hill, Mo. DATE Feb. 27, 1936

19. UNDERTAKER MULLEN BROS.
(ADDRESS) 4259 Lindell Blvd.

20. FILED FEB 26 1936 J. F. Predeck
Registrar.

