

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

FEB 27 1937

1034

1. PLACE OF DEATH

40 County Lundy
Township Lincoln
City..... (No.) St. Ward)

Registration District No. 328
Primary Registration District No. 5462
2

File No.
Registered No.

2. FULL NAME Clariasa An Evans

(a) Residence, No. St., Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27, 1937

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

22. I HEREBY CERTIFY That I attended deceased from Jan 24, 1937, to Jan 26, 1937.
I last saw him alive on Jan 26, 1937. Death is said to have occurred on the date stated above, at.....m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18 1856

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 2 26

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 999
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.....

Other contributory causes of importance:
103

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Des Moines Iowa

FATHER 13. NAME James T. Nichols

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Mary An Lewis

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Mrs Charley Quott Tinsdale Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Cem DATE Jan 29, 1937

19. UNDERTAKER (ADDRESS) Chas E Scholler Spickard Mo

20. FILED 1-29-37 Irene D Fair Registrar.

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) E W Towning, M. D.
(Address) Spickard Mo

