

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.

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

Do not use this space.

JUN 2 1 1937

1. PLACE OF DEATH
39 County Greene Registration District No. 318
3 Township Springfield Primary Registration District No. 2001
5 City Springfield (No. St. Johns Hosp.) St. _____ Ward _____

2. FULL NAME Thomas Franklin Evans

(a) Residence, No. _____ St. _____ Ward. Branch no
(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.

File No. 20020
Registered No. 392A

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17 - 1864

7. AGE YEARS 73 MONTHS 0 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

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

FATHER 13. NAME W. E. Evans
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo.

MOTHER 15. MAIDEN NAME Cassius Lancaster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. known

17. INFORMANT Brady Evans (ADDRESS) Branch no

18. BURIAL, CREMATION, OR REMOVAL PLACE Stones Cem. DATE 5-9 19 37

19. UNDERTAKER F. B. Jones (ADDRESS) Springfield mo.

20. FILED May 8 19 37 Chas A. George Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-8 19 37

22. I HEREBY CERTIFY, That I attended deceased from 3-23 1937 to 5-8 1937
I last saw him alive on 5-8 1937 Death is said to have occurred on the date stated above, at 10:00 am.
The principal cause of death and related causes of importance were as follows:
Adeno-Carcinoma Prostate gland, grade 110
Date of onset _____

Other contributory causes of importance: Hemorrhage

Name of operation Prostatectomy Date of 5-7-37
What test confirmed diagnosis? Issue 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 _____
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) Robert J. Myer, M. D.
(Address) Springfield mo

