

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

3688
Do not use this space.

1. PLACE OF DEATH

(a) County Perry Registration District No. 662
 (b) Township Basin Primary Registration District No. 5879 Registered No. 2
 (c) City _____ (d) Street No. _____
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. _____ St. _____
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as 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) Perry Co Mo

FATHER 13. NAME Oliver Evans

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Mo

MOTHER 15. MAIDEN NAME Louise Stuebel

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo

17. INFORMANT (ADDRESS) Oliver Evans

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope DATE Jan 31 1938

19. FUNERAL DIRECTOR (ADDRESS) Yardley Sons Perryville Mo

20. FILED 2-1-1938 J. D. DeLassus Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 29 1938 to Jan 30 1938
 I last saw him alive on Jan 29 1938. Death is said to have occurred on the date stated above, at 12:15 A.M.
 The principal cause of death and related causes of importance were as follows:

marasmus
158
 Date of onset 1/29/38
 Other contributory causes of importance: _____
 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) Bernard T. Koon M. D.
Perryville, Mo (Address)

Exact statement of OCCUPATION is very important.

79

2/1

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, Edward C Young, Licensed Embalmer No. 2138

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Edward C Young

Licensed Embalmer No. 2138

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)