

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.

REC'D MAR 14 1938

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

5403
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis, Mo.** (d) Street **St. Louis Childrens Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Lila Jane Evans 152
 (a) Residence, No. **Granite City - Ill. R.F.D. 2** St. **WR** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Child**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **7-29-34**

7. AGE YEARS **3** MONTHS **6** DAYS **27** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **child**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Child**
 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) **Missouri**

FATHER 13. NAME **Ashley Evans**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Ruth Burton**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **M. E. Matthews**
500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE **Moberly, Missouri** DATE **March 1st** 1938

19. FUNERAL DIRECTOR (ADDRESS) **Snow Funeral Home**
Moberly, Missouri

20. FILED **FEB 27 1938** **J. P. Budick** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-26** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **2-24** 19**38** to **2-26** 19**38**

I last saw her alive on **2-26** 19**38** Death is said to have occurred on the date stated above, at **2:00 P.M.**

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

Diphtheria faucial Date of onset **2-12-38**

Other contributory causes of importance: **Toxic Myocarditis acute** 2-20-38

Name of operation Date of

What test confirmed diagnosis **Culture** 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? **1**
 If so, specify **Ralph H. Barlow, M. D.**

(Signed) **Ralph H. Barlow, M. D.**
 (Address) **500 S. Kingshighway**

STATEMENT BY LICENSED EMBALMER

I, Thomas E. Barn, Licensed Embalmer No. 2414

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 Thomas E. Barn

Licensed Embalmer No. 2414

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