

FEB 9 1939

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

2044
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
 (b) Township _____ Primary Registration District No. 3014 Registered No. 3
 (c) City Jefferson City (d) Street No. No State Prison 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 Frank Evans

(a) Residence, No. Jefferson City St. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR. 29, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 9 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Fireman
 9. Industry or business in which work was done, as saw mill, bank, etc. Factory
 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) Unknown

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

17. INFORMANT (ADDRESS) Self - Prison Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Turnhill Mm DATE Jan-11-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thorpe J. Gordon
Jefferson City, Mo

20. FILED 1/11/39 Hubert J. ... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Jan. 10, 1939

I last saw him alive on Jan. 10, 1939. Death is said to have occurred on the date stated above, at 10.15 A.M.

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

Lobar Pneumonia, Bi-lateral

Date of onset

Other contributory causes of importance: 10/5

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? No

If so, specify W. W. Rambo

(Signed) _____

(Address) Cent. Trusst. Bg. W. W. RAMBO, M. D.

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.

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5/13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

Thorp G Gordon

or by _____

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

Signed *Thorp G Gordon*

Licensed Embalmer No. *1286*

P. O. Address *Jefferson City*

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.)

If this body is not embalmed, above space should be left blank.