

MAR 10 1939

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

Do not use this space.

1. PLACE OF DEATH

County

Phelps

Registration District No.

677

Township

Rolla

Primary Registration District No.

4403

City

Rolla

(No.

Rolla Hospital

File No.

7475

Registered No.

17

St.

Ward

2. FULL NAME

Alma Marie Evans

(a) Residence, No.

11 months 11 mos

St.

Ward.

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

7

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

Carlos Evans

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

Oct 19, 1914

7. AGE

YEARS

24

MONTHS

3

DAYS

25

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Housewife

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)

July 1929

11. Total time (years) spent in this occupation

4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Raymondville Mo

FATHER

13. NAME

Henry Shanks

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

Millerburg Mo

MOTHER

15. MAIDEN NAME

Berta Wentland

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

Raymondville Mo

17. INFORMANT (ADDRESS)

Corbet Grant Raymondville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Allen

DATE

2-15-39

19. UNDERTAKER (ADDRESS)

Smith & Ferguson Hickman Mo

20. FILED

Feb. 14, 1939

Jos. F. Ceyser

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Feb. 17

1939

22. I HEREBY CERTIFY That I attended deceased from

Feb. 12

1939, to

Feb. 17

1939

I last saw h.c.h. alive on

Feb. 13

1939.

Death is said

to have occurred on the date stated above, at 6:10 p.m.

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

Purpural sepsis from skull bite

Date of onset

Other contributory causes of importance:

175 W

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) Edward M. Hester, M. D.

(Address)

Rolla Mo.

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.

