REC'D JUN 8 1939

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

Do not use this space.

File No. 18429

Registered No. 125

1. PLACE OF DEATH

County Cole — Registration District No. 213

Township — Primary Registration District No. 3014

City Jefferson City (No. 1621 St. Mary's Hosp. St. Ward)

2. FULL NAME Evers, Donald Eugene

(a) Residence, No. St. Elizabeth, Mo. 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. 10 ds. 12 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Minor

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1938

7. AGE: YEARS — MONTHS: 10 — DAYS: 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Elizabeth, Mo 0

FATHER

13. NAME Adolph J. Evers 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Elizabeth, Mo

MOTHER

15. MAIDEN NAME Clara Kamma

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Elizabeth, Mo

17. INFORMANT (ADDRESS) Adolph J. Evers, St. Elizabeth, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Elizabeth, Mo DATE 5/23/1939

19. UNDERTAKER (ADDRESS) H. H. Strop, Mila, Mo

20. FILED 5/22/1939 Robert Goldman M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1939, to May 22, 1939

I last saw him alive on May 22, 1939. Death is said to have occurred on the date stated above, at 3 P.M.

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

	Date of onset
3rd Degree Burn	May 14th 1939

Other contributory causes of importance:

Pneumonia

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) N. R. Aldridge, M. D.

(Address) Jefferson City, Mo.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

18429
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.:
(c) City: Jefferson City (d) Street No.: , 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: Evers, Donald Eugene
(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: m
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word):
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR):
7. AGE — YEARS: — MONTHS: 10 — DAYS: 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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):

FATHER
13. NAME:
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

MOTHER
15. MAIDEN NAME:
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

17. INFORMANT (ADDRESS):
18. BURIAL, CREMATION, OR REMOVAL
PLACE: DATE: , 19
19. FUNERAL DIRECTOR (ADDRESS):
20. FILED: , 19 — Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19.
I last saw h alive on , 19. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
3d Degree Burns	Mar 19 1939
Coal oil	

Other contributory causes of importance:
Pneumonia

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? Burns Date of injury 3/15, 1939
Where did injury occur? Eugene Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
in home
Manner of injury: Burns, Coal oil
Nature of injury: 3rd degree burns

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:
(Signed) M. R. Aldridge, M. D.
(Address) Jefferson City, Mo

SUPPLEMENTARY

FORM TERMS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. Use only the terms, so that it may be properly classified. Exact statement of OCCUPATION is very [illegible]

NOV 24 1966