

JUL 13 1939

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

23398
Do not use this space.

1. PLACE OF DEATH

(a) County Scott Registration District No. 821
(b) Township Richland Primary Registration District No. 4553
(c) City Sikeston (d) Street No. _____ St.
(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 Minnie Evans

(a) Residence, No. _____ 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 F 4. COLOR OR RACE COL 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/17/13

7. AGE YEARS 25 MONTHS 7 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

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. housework
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) Thruver Louisiana

13. NAME Willie Evans

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

15. MAIDEN NAME Mandy Clark

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

17. INFORMANT Mandy Lee Wright (ADDRESS) Sikeston Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sikeston Mo. DATE 7/2/39

19. FUNERAL DIRECTOR (NAME) Hunter Albritton (ADDRESS) Sikeston Mo.

20. FILED 7-10 1939 J. H. H. H. H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/30/39 1939

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1939 to June 30, 1939. I last saw her alive on 6-30-39. Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Date of onset 7-1-39

Other contributory causes of importance: None

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Walter Henderson M. D.
(Address) Sikeston

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.

RECEIVED

District Health Officer No. 2,

District File Number 739-62

Date Filed 7-12-1962

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,

....., or by

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.