

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.

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

32058
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Registration District No. 125
 (b) Township Cape Primary Registration District No. 3009
 (c) City Cape Girardeau (d) Street No. South East Hosp. 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 William H. Evans

(a) Residence, No. 110 No. Park Ave. 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Madelin Hawthorne
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3, 1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 1 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Sexton
 9. Industry or business in which work was done, as saw mill, bank, etc. Church
 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) Logansport Ind.

FATHER 13. NAME J. C. Evans
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER 15. MAIDEN NAME Sarah Seadam
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Mrs. Alace Evans Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Sept. 16, 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. L. Haman Cape Girardeau, Mo.

20. FILED 9-13-39 J. M. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13, 1939
 22. I HEREBY CERTIFY, That I attended deceased from 8-28, 1939 to 9-13, 1939.
 I last saw him alive on 9-13, 1939. Death is said to have occurred on the date stated above, at 8:30 P. M.
 The principal cause of death and related causes of importance were as follows:

Diabetes
 Bellagra
 Other contributory causes of importance:
 Name of operation None Date of _____
 What test confirmed diagnosis? Physician Was there an autopsy? Yes

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) Fraup W. Hall, M. D.
 (Address) Cape Girardeau, Mo.

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.....

L. L. Haman

Licensed Embalmer No. *2863*

P. O. Address *Cape Girardeau*

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.