

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.

JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Berry Registration District No. 35
Township Blount Primary Registration District No. 0043
City (No. _____) St. _____ Ward _____

File No. 44603
Registered No. _____

2. FULL NAME Mary Elizabeth Evans

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED MARRIED OF (OR) WIFE OF <u>James Fountain Evans</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 31 1857</u>				
7. AGE	YEARS <u>79</u>	MONTHS <u>10</u>	DAYS <u>24</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Berry Co Mo</u>				
FATHER	13. NAME <u>Thomas H. Henyon</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>				
MOTHER	15. MAIDEN NAME <u>Sarah Jane King</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Berry Co Mo</u>				
17. INFORMANT (ADDRESS) <u>Jos T. Evans</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Geo</u> DATE <u>Nov 26 1937</u>				
19. UNDERTAKER (ADDRESS) <u>Thomas - Calver</u>				
20. FILED <u>in 8 1938 Mrs. J. S. ...</u> Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25th 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1937, to Nov. 23, 1937
I last saw her alive on Nov. 23, 1937. Death is said to have occurred on the date stated above, at 9:12 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis Date of onset _____

Other contributory causes of importance: _____

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 Dem N. Dalger, M. D.
(Signed) _____ (Address) Casselle Mo

