WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MAR 24 1934

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

Do not use this space.

File No. 6235
Registered No. 33

1. PLACE OF DEATH
County St Francois
Township "
City Farmington (No. ..... St. ..... Ward)
Registration District No. 773
Primary Registration District No. 4464

2. FULL NAME Leora Evans London

(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

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-2-1874

7. AGE: Years 60 | Months 0 | Days xx | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Cuba, Mo

FATHER
13. NAME S. D. Evans
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cuba, Mo

MOTHER
15. MAIDEN NAME Mary Ann Baker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi, Mo

17. INFORMANT John London
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Masonic at Doe Run DATE 2-27, 1934

19. UNDERTAKER Neidert Lind Co
(ADDRESS) Farmington Mo

20. FILED 2-26, 1934 V. L. Robinson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1934, to Feb 24, 1934
I last saw her alive on Feb 24, 1934. Death is said to have occurred on the date stated above, at 11:45 p m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Myocarditis | 2-1-34 |
| Acute Rheumatism | 6-1-33 |
| Other contributory causes of importance: Ptomaine Poisoning Canned food | 2-2-34 |
| | 40 |

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) G. L. Watkins, M. D.
(Address) Farmington, Mo