

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

93A-11c

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE OF OHIO
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Social Security No. 7308A

1 PLACE OF DEATH
County Louisa Registration District No. 8116 File No. 10720
Township _____ Primary Registration District No. _____ Registered No. _____
or Village _____ No. St. Johns Steep St. _____ Ward _____
or City of Cleveland (if death occurred in a hospital or institution, give its Name instead of street and number)
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.
2 FULL NAME Louis R. Evans Did Deceased Serve in U. S. Navy or Army _____
(a) Residence. No. 1274, W. 102 St. _____ Ward _____ (if nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR or RACE W 5. SINGLE, MARRIED, Write the word Widowed or Divorced Widowers
5a. If Married, Widowed, or Divorced Husband of (or) Wife of Widower
6. DATE OF BIRTH (month, day, and year) Feb 17-93
7. AGE (years) Months Days If LESS than 1 day or _____ min. _____ hrs.
50
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supermarket
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State of Ohio
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) Cleveland
13. NAME Alfred Evans
14. BIRTHPLACE (city or town) (State or country) State of Ohio
15. MAIDEN NAME Mary O'Malley
16. BIRTHPLACE (city or town) (State or country) Cleveland Ohio
17. INFORMANT The Signature of Edward D. Doyle and (Address) 1361 - W. 13th St.
18. BURIAL, CREMATION, OR REMOVAL Place Bellevue Date 12-31-43
19. FUNERAL FIRM W. L. Burns
19a. BURIED BY W. L. Burns Lic. No. 2370
Address 144 W. 65th St.
19b. EMBALMER Walter H. Hagg Lic. No. 3204
20. ISSUED DEC 30 1943 1943 Walter H. Hagg DEPUTY Registrar.

21. DATE OF DEATH (month, day, and year) Dec 28, 1943
22. I HEREBY CERTIFY, That I attended deceased from June 1, 1943 to Dec 28, 1943
I last saw him alive on Dec 28, 1943, death is said to have occurred on the date stated above at _____ m.
THE PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows: Acute Distention Rt Heart Date of onset 12/28/43
Profuse Hemorrhage
93A
CONTRIBUTORY CAUSES of importance not related to principal cause: Chronic Myocarditis ?
Name of operation None Date of _____
What test confirmed diagnosis Chest X-ray 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 the cause or injury in any way related to occupation of deceased? No
If so, specify Chm. T. Braden M. D.
(Signed) _____ Date 12/30/1943 Address 2431 Detroit