

CERTIFICATE OF DEATH

STATE OF MISSISSIPPI

REGISTRAR'S NO. 246-251-53

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution, publisher before a. STATE Mississippi b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL.) OR TOWN Gulfport		c. CITY (If outside corporate limits, write RURAL.) OR TOWN Gulfport	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1521 Hewes Avenue		d. IF RURAL GIVE LOCATION	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
JOSEPH PATTON EVANS			Aug 8, 1953		

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 15, 1895	9. AGE (In years last birthday)	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor, MD	10b. KIND OF BUSINESS OR INDUSTRY Medicine	11. BIRTHPLACE (State or foreign country) Meridian, Mississippi	12. CITIZEN OF WHAT COUNTRY? USA
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13. FATHER'S NAME Albert Evans	14. MOTHER'S MAIDEN NAME - McCormack
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW I	16. SOCIAL SECURITY NO. -	17. INFORMANT Milton T. Evans
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of esophagus		ANTECEDENT CAUSES		150 X
DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

18a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **8-12, 1952**, to **8-8, 1953** that I last saw the deceased alive on **8-8, 1953** and that death occurred at **8:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Kendall D. Gregory, M.D.	23b. ADDRESS Sutton Bldg, Gulfport.	23c. DATE SIGNED 8-13-53
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 8/10/53	24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery	24d. LOCATION (City, town, or county) (State) Gulfport, Mississippi
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 20, 1953	25. FUNERAL DIRECTOR ADDRESS LANG Gulfport, Mississippi
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