

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township..... Primary Registration District No. 1001
City St. Joseph (No. Missouri, River at Air port St. Ward)

22396

File No.
Registered No. 732 St. Ward)

2. FULL NAME Byron William Yates

(a) Residence, No. 1011 Felix street 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 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 Lila Bell Yates

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 4 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Former Meter Reader for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Light Co.

10. Date deceased last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Helena (STATE OR COUNTRY) Missouri

13. NAME Chas. E Yates

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Chloe Ketchum

16. BIRTHPLACE (CITY OR TOWN) Union star (STATE OR COUNTRY) Missouri

17. INFORMANT Lila Bell (ADDRESS) 1011 Felix st St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Union Chapel Cem. PLACE Helena Mo. DATE July 24 1933

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) 1802 Union st St Joseph Mo.

20. FILED 7-24-33 John D. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 1933

22. I HEREBY CERTIFY, That I viewed remains

July 23, 1933, to 19.....

I last saw h. alive on 19..... Death is said

to have occurred on the date stated above, at unknown

The principal cause of death and related causes of importance were as follows:

Drowning (Suicidal) Date of onset

166 166

Other contributory causes of importance:

no fact.

Name of operation none 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? suicide Date of injury 7-20 1933

Where did injury occur? St Joseph Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Missouri River

Manner of injury Drowning

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify former Thomas Coroner

(Signed) 801 1/2 Felix

(Address) 801 1/2 Felix

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.

WHITE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 26 1933

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