

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

Do not use this space.

8047

1. PLACE OF DEATH

County Jackson
Township Kear
City Kansas City

Registration District No. 309
Primary Registration District No. 1002
(No. 4120 Charlotte)

File No. 1229
Registered No. 1229
St. _____ Ward _____

2. FULL NAME

Melvin W. Yates
(a) Residence. No. 4120 Charlotte 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 13, 1920

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>4</u>	<u>6</u>	<u>5</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

10. NAME OF FATHER Orvan O. Yates

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Bessie Church

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT W. O. Yates
(Address) 4120 Charlotte

15. FILED 3/19, 25 M. M. Cowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 18, 1925

17. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1925 to March 18, 1925
(or I last saw him alive on March 18, 1925; and that death occurred, on the date stated above, at 12-30 P m.

10 THE CAUSE OF DEATH* WAS AS FOLLOWS:
14 Diphtheria
10
Jan 31 to Feb 18, 1925 (duration) yrs. mos. 18. da.
CONTRIBUTORY (SECONDARY) Past diphtheritic cardiac & respiratory changes
March 1 to March 18, 1925 (duration) yrs. mos. 18. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
3/19 (Signed) Fred W. Hatch M. D.
3/19, 1925 (Address) 516 Chambers Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL M. M. Moriah DATE OF BURIAL 3-19-25

20. UNDERTAKER Mrs. L. E. Foster ADDRESS K. E. Mo.

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.

