

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

Do not use this space.

18435

**1. PLACE OF DEATH**

County Jackson Co. Registration District No. 399  
 Township Frank Primary Registration District No. 1002  
 City K.C. 5mo. (No. 3907) 3rd

File No. \_\_\_\_\_  
 Registered No. 2500  
 St. 2000 Ward

**2. FULL NAME**

Charles Bryan Yager  
 (a) Residence. No. 3907 Frank St. 12 Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 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 Whi. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED\* Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 24 - 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
7 27

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work child  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City  
 (STATE OR COUNTRY) mo.

10. NAME OF FATHER Charles Bryan Yager

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

12. MAIDEN NAME OF MOTHER Therese Drenka

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

14. INFORMANT Charles Yager  
 (Address) 3907 Frank

15. FILED 6/22 1927 M. M. Brown REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21 1927

17. I HEREBY CERTIFY, That I attended deceased from June 9, 1927, to June 20, 1927 that I last saw him alive on June 21, 1927 and that death occurred, on the date stated above, at 1 a.m.

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS  
9 Bronchial Pneumonia  
107A

CONTRIBUTORY (SECONDARY) Whooping Cough  
 (duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 (duration) yrs. mos. ds.

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical diagnosis  
 (Signed) Thomas George M. D.  
6/22 1927 Address 12418 Clubland

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDE.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Edwardsville  
St. Louis DATE OF BURIAL June 28 1927

20. UNDERTAKER Roe & Co. ADDRESS 158 Jackson

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain, true so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE BOARD OF HEALTH, WITH CONTINUING INTEREST THIS IS A PERMANENT RECORD

Lin 6001 office  
2/27/72  
2/6/72 Cleveland