AUG 16 1927

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

Do not use this space.

20742

85

1. PLACE OF DEATH

County BUCHANAN — Registration District No. 85

Township WASHINGTON — Primary Registration District No. 1001

City ST JOSEPH (No. ..... St. ..... Ward)

File No. ..... Registered No. 762

2. FULL NAME MARY ELISABETH YEAGER

(a) Residence. No. 2601 PATTEE St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE

4. COLOR OR RACE: WHITE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): WIDOW

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF FRANCIS YEAGER

6. DATE OF BIRTH (MONTH, DAY AND YEAR) JAN 18 - 1865

7. AGE: Years 62 | Months 6 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: AT HOME
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) PLATT CO
(STATE OR COUNTRY) MISSOURI

PARENTS

10. NAME OF FATHER THORNTON TOMLIN

11. BIRTHPLACE OF FATHER (CITY OR TOWN) JACKSON CO
(STATE OR COUNTRY) MISSOURI

12. MAIDEN NAME OF MOTHER MARIA SAUNDERS

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) PLATT CO
(STATE OR COUNTRY) MISSOURI

14. INFORMANT J.A. TOMLIN
(Address) 2011 HIGHLAND AVE ST JOSEPH MO

15. FILED ..... 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) JULY 30TH 1927

17. I HEREBY CERTIFY, That I attended deceased from Crime July 30, 1927, to ....., 19..., that I last saw ..... alive on ....., 19..., and that death occurred, on the date stated above, at about 2 8 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Asphyxiated by illuminating gas accidental (Probably)
(duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Body burned
WHAT WERE CONFIRMED DIAGNOSIS? Burns of body + head
(Signed) J. W. Hugs Coroner M. D
7/31, 1927 (Address) St Joseph Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: TODD CEMETERY — DATE OF BURIAL: AUG 1ST 1927

20. UNDERTAKER: Rock Funeral Home — ADDRESS: 906 Sylvania Ave

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.