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.

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

Do not use this space.

38557

1. PLACE OF DEATH

County St. Louis — Registration District No. 791 — File No. 11238

Township — Primary Registration District No. 1003 — Registered No.

City ST. LOUIS Mo. (No. Barnes Hosp. St. Ward)

2. FULL NAME Yates, James, Henry

(a) Residence. No. Clayton, Mo. St., 12 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: Col.

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 1-1900

7. AGE: Years 27 — Months 4 — Days 13 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

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

PARENTS

10. NAME OF FATHER Grant Yates

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

12. MAIDEN NAME OF MOTHER Minnie Farris

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ~~Farris~~ (STATE OR COUNTRY) Paducah Ky.

14. INFORMANT Minnie Farris (Address) RR-2 Clayton Mo.

15. FILED Oct 16 1927 May C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-14 1927

17. I HEREBY CERTIFY, That I attended deceased from 11-25, 1927, to 12-14, 1927 that I last saw him alive on 12-14, 1927, and that death occurred, on the date stated above, at 5.45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Syphilis of cerebrospinal meninges?

34 (duration) — yrs. 3 mos. — ds.

CONTRIBUTORY (SECONDARY) 38 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? Yes (microscopic report necessary for accurate diagnosis)

WHAT TEST CONFIRMED DIAGNOSIS? Lab. phys. Ex & autopsy

(Signed) Geo E Nesche, M. D

, 19 (Address) Barnes Hospital

*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: Washington Park Cem. — DATE OF BURIAL: 12-18 1927

20. UNDERTAKER: J C Lewis — ADDRESS: Webster Groves Mo.