MAR 16 1928

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

Do not use this space.

4150

File No.

Registered No. 250

1. PLACE OF DEATH
County Buchannan
Registration District No. 85
Township
Primary Registration District No. 1001
City St. Joseph. (No. 5639 South 1st St. St. Ward)

2. FULL NAME Rebecca Angeline Yeakley.
(a) Residence. No. 616 Harmon 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 59 yrs. 7 mos. 15 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): Widowed.

5a. If Married, Widowed, or Divorced HUSBAND OF (OR) WIFE OF William H. Yeakley.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11, 1868

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
59	7	15	

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) Buchannan County
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER John Dittemore.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Indiana.
12. MAIDEN NAME OF MOTHER Clarice Ann Grace.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Indiana

14. INFORMANT Mrs Clara Eliz Hall.
(Address) 5639 South 1st St.

15. FILED FEB 28 1928 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 26, 1928

17. I HEREBY CERTIFY, That I attended deceased from 2/21, 1928, to 2/[illegible], 19..., that I last saw her alive on 2/[illegible], 1928, and that death occurred, on the date stated above, at [illegible] m.

THE CAUSE OF DEATH* was as follows:

Lobar Pneumonia
108 [illegible] (duration) ... yrs. ... mos. 12 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? No
What test confirmed diagnosis? Clinical
(Signed) [illegible], M. D.
2/27, 1928 (Address) [illegible] W Moore

*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: Bethel Cemetery.
DATE OF BURIAL: Feb 28 1928

20. UNDERTAKER: H. O. Sidenfaden
ADDRESS: 1802 Union St.

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.