23 1928

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

Do not use this space.

1. PLACE OF DEATH
County: Buchanan — Registration District No.: 85 — File No.: 7862
Township: — Primary Registration District No.: 1001 — Registered No.: 303
City: St. Joseph, (No. 210 East Kansas Ave. St. Ward)

2. FULL NAME: Frank Archibald DeYoe
(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov, 26, 1856

7. AGE: Years 71 — Months 3 — Days 11 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retail Grocer
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 15 yrs.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Henry, Ill.

PARENTS
10. NAME OF FATHER: Gerrardus P. DeYoe
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Martha Jane McVicker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs. Virginia DeYoe
(Address) 210 E. Kansas Ave.

15. FILED MAR 9 1928 19 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar, 7, 1928 19

17. I HEREBY CERTIFY, That I attended deceased from 2-25-, 1928, to 3-7-, 1928 that I last saw him alive on 3-1-, 1928, and that death occurred, on the date stated above, at 4.00 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho pneumonia
11A
10 7A
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY): Influenza
(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at home

6 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) John I. Tucker, M. D
3/8, 1928 (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: Memorial Park Cemetery — DATE OF BURIAL: Mar, 9, 1928

20. UNDERTAKER: Walter Meinhoffer — ADDRESS: 1302 Faraon St.