25 1928

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.

9534

1. PLACE OF DEATH

County Johnson — Registration District No. 479 — File No. 10

Township Washington — Primary Registration District No. 55-84 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Nina Yokley

(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
female	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-15-1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	48	3	16	

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

9. BIRTHPLACE (CITY OR TOWN) Windsor
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER William Bull

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

12. MAIDEN NAME OF MOTHER Driver

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

14. INFORMANT A. N. Yokley
(Address) Knob Noster Mo

15. FILED 4/1 1928 J. A. Koch
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 31 1928

17. I HEREBY CERTIFY, That I attended deceased from March 25, 1928, to March 31, 1928 that I last saw her alive on March 31, 1928 and that death occurred, on the date stated above, at 10 10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(1) Bronchial Pneumonia
97 A
41 A
109 A (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) (1) Mitral Regurgitation
(2) Influenza
..... (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 findings

(Signed) [signature], M. D

, 19 (Address) Knob Noster 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	DATE OF BURIAL
City Cem Knob Noster Mo	4/2 1928
20. UNDERTAKER	**ADDRESS**
C. L. Sault	Knob Noster