

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

Do not use this space.

16104

1. PLACE OF DEATH

County Bollinger
Township Scopus
City

Registration District No. 67
Primary Registration District No. 6706

File No.
Registered No. 12
St. Ward

2. FULL NAME

Mary Jane Yates
(a) Residence No. St. Ward
(Usual place of abode)

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF Wm. R. Yates

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 8 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 11 20

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)

(STATE OR COUNTRY) Bollinger Co. Mo.

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) N. Carolina

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Don't know

14.

INFORMANT Laura Yates
(Address) Bedfordville Mo

15.

FILED 5/29, 1928 E.A. Sanders
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28 19 28

17. I HEREBY CERTIFY, That I attended deceased from May 14, 19 28, to May 28, 19 28, that I last saw him alive on May 14, 19 28, and that death occurred, on the date stated above, 4 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza with
complication of stomach
1113
1180 (duration) yrs. 2 mos. ds.
CONTRIBUTORY (SECONDARY) 1180
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical signs

(Signed) E. K. Statler, M. D.

(Address) Jackson 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

Prinity Ch. Bur. near May 30 1928

20. UNDERTAKER

ADDRESS

Loransett & Miller Jackson Mo.

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.

