

UL 84 1928

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

Do not use this space.

19831

1. PLACE OF DEATH

County Barry Registration District No. 30
Township Pepp Creek Primary Registration District No. 5041
City (No.) St. Ward

File No.
Registered No. 51
St. Ward

2. FULL NAME Eustis Wesley Yochum

(a) Residence. No. St. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Snah Elizabeth Yochum

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 23 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 2 27

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stone County, Mo

PARENTS

10. NAME OF FATHER George Yochum

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

12. MAIDEN NAME OF MOTHER Elizabeth Hopper

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) son's Know

14. INFORMANT O. W. Yochum
(Address) Pierce City Mo

15. FILED 6-21 1928 W. M. West REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20 1928

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suicide by Hanging

CONTRIBUTORY (SECONDARY) 165 / 68 (duration) yrs. mos. da.

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

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) A. W. Thomas Corcoran
, 19 (Address) Monett 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 Clear Creek Cemetery DATE OF BURIAL 6/21 1928

20. UNDERTAKER Callaway ADDRESS Monett 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.

