

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

Do not use this space.

21475

1. PLACE OF DEATH

County Pettis
Township Sedalia
City Sedalia

Registration District No. 668
Primary Registration District No. 3032

File No. _____
Registered No. 193
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 721 East 9 St. 3 Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Elyza J. Yunker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 25 - 1862

7. AGE YEARS 65 MONTHS 11 DAYS 3 IF LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work RF Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) Tremotore
(c) Name of employer M. H. & J. P. P. Co.

9. BIRTHPLACE (CITY OR TOWN) Wilmington
(STATE OR COUNTRY) Ill

10. NAME OF FATHER John Yunker

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

12. MAIDEN NAME OF MOTHER Elizabeth Neibel

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

14. INFORMANT Mrs. Geo. E. Cook
(Address) Smithton Mo

15. FILED 6-30-28 J. S. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 28 1928

17. I HEREBY CERTIFY That I signed deceased from Nov. 13, 1927 to June 28, 1928 that I last saw him alive on June 28, 1928, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy
1st (1st) (1st) (1st)
2nd (2nd) (2nd) (2nd)

CONTRIBUTORY (SECONDARY) Ch. Inf. Myelitis

18. WHERE WAS DISEASE CONTRACTED Place of death
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) Thayer B. King, M. D.

6-30-28 (Address) Sedalia, 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 Sedalia Mo

DATE OF BURIAL 6/30 1928

20. UNDERTAKER M. Langlin Sedalia

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.

