WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

41136

File No. 5517

Registered No.

1. PLACE OF DEATH

County Jackson Registration District No.

Township Kaw Primary Registration District No.

City Kansas City (No. 1162 West 42nd St. Ward)

2. FULL NAME Mrs. Amanda Yoder

(a) Residence. No. St., Ward. Rosendale Mo.
(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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: George Yoder

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 23 1843

7. AGE: Years 185 | Months 5 | Days 3 | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN): Don't Know
(STATE OR COUNTRY): Ohio

PARENTS

10. NAME OF FATHER: Ogle Yoder

11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Don't Know

12. MAIDEN NAME OF MOTHER: Susan Schammahan

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

14. INFORMANT: Mrs Frank Eldridge.
(Address): 1162 W. 42nd St.

15. FILED 12/29 28, 19 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1928 to Dec 28, 1928 that I last saw h. alive on Dec 28, 1928, and that death occurred, on the date stated above, at 7:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Myocarditis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) David J. Blanford, M. D
12/29, 1928 (Address) 1722 W 39

*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: Rosendale Mo.
DATE OF BURIAL: 12/29/28

20. UNDERTAKER: Freeman Mortuary
ADDRESS: 42nd St & Baltimore Ave

Mr N. L. Blanford
1722 West 39th
Va. 8794
2 to 4 P.M.