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.

6865

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 2909 Bales St. Ward)
Registration District No. 399
Primary Registration District No.
File No.
Registered No. 11034

2. FULL NAME William F. Yockey
(a) Residence. No. 2909 Bales St., 14 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Yockey

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 2, 1862

7. AGE: Years 66 | Months 10 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

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

95

9. BIRTHPLACE (CITY OR TOWN): Tonawanda
(STATE OR COUNTRY): N. Y.

2

PARENTS

10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY)

31

31

14. INFORMANT: Mrs. Anna Yockey
(Address) 2909 Bales

15. FILED 3/1, 1929 M. M. Crowe
REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 28 1929.

17. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1929, to Feb. 28, 1929 that I last saw him alive on Feb. 28 1929, and that death occurred, on the date stated above, at 9:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endocarditis, Chronic
92H
130
(duration) yrs. 1 mos. 23 ds.

CONTRIBUTORY (SECONDARY): Nephritis, Acute
(duration) yrs. mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at home
0 DID AN OPERATION PRECEDE DEATH? no. DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) Ottokar Hofmann, M. D
3/1, 1929 (Address) 1235 Rialto Bldg.

*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: Mt. Moriah
DATE OF BURIAL: March 2 1929.

20. UNDERTAKER: D. H. Newcomer's Sons
ADDRESS: K. C. Mo

[illegible]

[illegible] 2266

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