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

Do not use this space.

7680

APR 3 - 1929

1. PLACE OF DEATH
County Randolph — Registration District No. 735 — File No.
Township Sugar Creek — Primary Registration District No. 3034 — Registered No. 46
City Moberly (No. 557 Fulton ave. St. Ward)

2. FULL NAME Daniel Webster Yeakey
(a) Residence. No. 557 Fulton ave Ward.
(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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28, 1927

7. AGE: Years 1 — Months 7 — Days 6 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(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) Moberly

PARENTS
10. NAME OF FATHER Albert Yeakey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kaseyville Mo.
12. MAIDEN NAME OF MOTHER Beulah Allen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Jacksonville Mo

14. INFORMANT Albert Yeakey (Address) Moberly Mo

15. FILED 3/5, 1929 Dr Thos S Fleming REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 4 1929

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

Viewed body after death

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dont Know -
from history obtained may have been some congenital heart trouble (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Influenza (Probable) 2 or 3 weeks ago (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. H. Dixon Coroner M.D.
3-4, 1929 (Address) Moberly 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: Darksville Mo — DATE OF BURIAL: March 5 1929

20. UNDERTAKER: G. C. Mierior — ADDRESS: Moberly

WHITE PLAINLY, WITH UNFADING INK

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.