

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

Do not use this space.

11579

1. PLACE OF DEATH

County Montgomery
Township Wesley
City California (No.)

Registration District No. 571
Primary Registration District No. 4935

File No.
Registered No. 20
St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 13 1835

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
89 | 11 | 7 | | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hamoville
(STATE OR COUNTRY) Tenn.

10. NAME OF FATHER Henry Yarnell

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

12. MAIDEN NAME OF MOTHER Ellen Mungy

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

14. INFORMANT E. M. Allen
(Address) Spauldino

15. March 21 1929 REGISTRAR J. B. Keith

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20 19 29

17. I HEREBY CERTIFY That I attended deceased from 19..... to 19.....
that I last saw h. alive on March 19, 1929, and that death occurred, on the date stated above, at 2:45 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic interstitial Nephritis.

CONTRIBUTORY (SECONDARY) 1290

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) S. M. Gray, M. D.

3/21, 1929 (Address) California 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 DATE OF BURIAL

Wesley Cemetery No 21 1929

20. UNDERTAKER ADDRESS

Wesley Cemetery California Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state in plain terms, so that it may be properly classified.

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2-1-1929
2019

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