JUL 27 1929

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

Do not use this space.

22556

1. PLACE OF DEATH
County St Louis — Registration District No. 710
Township Central — Primary Registration District No. 6033
City ~~Clayton Mo.~~ (No. 132 N. McKenna's St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME John Logan Yates
(a) Residence. No. Washington University ..... 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) 10-5-1897

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
31	8	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Assistant
(b) General nature of industry, business, or establishment in which employed (or employer) Mathematics Prof.
(c) Name of employer Washington University

9. BIRTHPLACE (CITY OR TOWN) Iron Co.
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER William Edward Yates
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bismark
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Laura Hughes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Washington Co.
(STATE OR COUNTRY) Mo.

14. INFORMANT Lewis G. Yates
(Address) Bismark Mo.

15. FILED June 28 1929 Katharine W. Sullivan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 25 1929

17. I HEREBY CERTIFY, That I attended deceased from June 25, 1929, to June 25, 1929, that I last saw him alive on June 25, 1929, and that death occurred, on the date stated above, at 3:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary thrombis

948

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 92

..... (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? yes
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J. D. Stoelzle, M. D.
6/26, 1929 (Address) 12 N. Central Ave - Clayton

*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: Bismark, Mo.
DATE OF BURIAL: 6/30 1929

20. UNDERTAKER: Alexander & Sons
ADDRESS: 6175 Delmar

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.

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200
1

Dr Stoelzle
12 N. Central - Clayton