

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

Do not use this space.

33127-a

1. PLACE OF DEATH

County Butler
Township Ash Hill
City (No.)

Registration District No. 90
Primary Registration District No. 3734C

File No.
Registered No. 19
St. Ward)

2. FULL NAME

Elijah Clay Yelley
(a) Residence. No. Paplar Bluff Mo R4 Ward.
(Usual place of abode)

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. (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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 7 - 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 13

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) Paplar Bluff
(STATE OR COUNTRY) Butler Co Mo R4

10. NAME OF FATHER Hughes Yelley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Butler Co Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Archie Pearl Wilson

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

14. INFORMANT Hughes Yelley
(Address) Paplar Bluff Mo R4

15. FILED 11/29/12 W. G. Smith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-20 1929

17. I HEREBY CERTIFY, That I attended deceased from 10-17, 1929, to 10-20, 1929, that I last saw him alive on Oct 20, 1929, and that death occurred, on the date stated above, at 1:55 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Malara
38
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) none
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. no

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical test

(Signed) E. J. Gray, M. D.

, 19 (Address) Paplar Bluff 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

Mole Hill Cemetery Oct 21 1929

20. UNDERTAKER ADDRESS

Dr. P. Phelps Paplar Bluff Mo

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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