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

Do not use this space.

34565

1. PLACE OF DEATH
County Newton — Registration District No. 612 — File No.
Township Van B — Primary Registration District No. 5814 — Registered No.
City (No. St. Ward)

2. FULL NAME Albert Elmer Yoder
(a) Residence. No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 17 yrs. 6 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: Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 31. 1912
7. AGE: Years 17, Months 6, Days 13 — If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer): "
(c) Name of employer: Parents
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Fred Yoder
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Kissling
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio

14. INFORMANT: [illegible]
(Address) Sarcoxie Mo.
15. FILED Nov 8 1929 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct-13-1929
17. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1929, to Oct 13, 1929 that I last saw him alive on Oct 13, 1929 and that death occurred, on the date stated above, at 7:40 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Undetermined
85
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Epilepsy and general weakness (duration) 10 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?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. [illegible], M. D.
Oct 13 1929 (Address) Sarcoxie 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: Sarcoxie Cemt — DATE OF BURIAL: Oct 15 1929
20. UNDERTAKER: Sarcoxie Und Co — ADDRESS: Sarcoxie Mo.

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.