

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

Do not use this space.

40747

1. PLACE OF DEATH

County Jackson Registration District No. 308
 Township Yreaw Primary Registration District No. 4
 City Kansas City (No. Kansas City General Hosp St. Ward)

File No. 5153
 Registered No. 5153

2. FULL NAME

Elizabeth Yeoman
 (a) Residence. No. 7600 E 8th St. 9 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 8 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 21, 1929</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>7 mo.</u>	<u>22</u>		
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Infant</u>				
(b) General nature of industry, business, or establishment in which employed (or employer)				
(c) Name of employer				

9. BIRTHPLACE (CITY OR TOWN) Kansas City
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Sam J Yeoman

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

12. MAIDEN NAME OF MOTHER Florence Elston

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

14. INFORMANT Reverend Clerk
 (Address) Kansas City Gen Hosp

15. FILED 12-14, 1929 M. M. Crowe REGISTRAR
asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 13 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 11th, 1929 to Dec 13, 1929 that I last saw her alive on Dec 13, 1929, and that death occurred, on the date stated above, at 3:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suban Pneumonia
1010 89A (duration) yrs. mos. ds.
Bilateral Otitis Media (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 Plain Findings
 (Signed) P. O. Williams M. D.
12-13, 1929 (Address) Gen Hosp KC 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 Wentzville Mo DATE OF BURIAL 14 29

20. UNDERTAKER O. Mast ADDRESS 1419 E 11th

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

