

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

Do not use this space.

19090-a

1. PLACE OF DEATH

County Franklin Registration District No. 297  
Township Washington Primary Registration District No. 3016  
City Washington (No. ....) St. .... Ward .....

File No. ....  
Registered No. 104  
St. .... Ward .....

2. FULL NAME

(a) Residence. No. Geary Summit, Mo. Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred 3 yrs. 3 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 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) May 21 - 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
8 0 12

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Stone  
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9. BIRTHPLACE (CITY OR TOWN) McCredie, Mo  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Henry Herschel Yates

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Willardsburg, Mo  
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Martha Wilson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) O. Fallon, Mo.  
(STATE OR COUNTRY) Mo.

14. INFORMANT Henry Yates  
(Address) Geary Summit, Mo.

15. FILED June 2, 1930 O. L. Munch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2, 1930

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1930, to June 2, 1930 that I last saw him alive on June 1, 1930, and that death occurred, on the date stated above, at 4:00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
upper left chest crushed by wheel of automobile - (accidental)

2106 (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Traumatic Pneumonia  
(duration) yrs. mos. 16 hrs

18. WHERE WAS DISEASE CONTRACTED Geary Summit Mo.  
IF NOT AT PLACE OF DEATH. ....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF .....

20. WAS THERE AN AUTOPSY? no

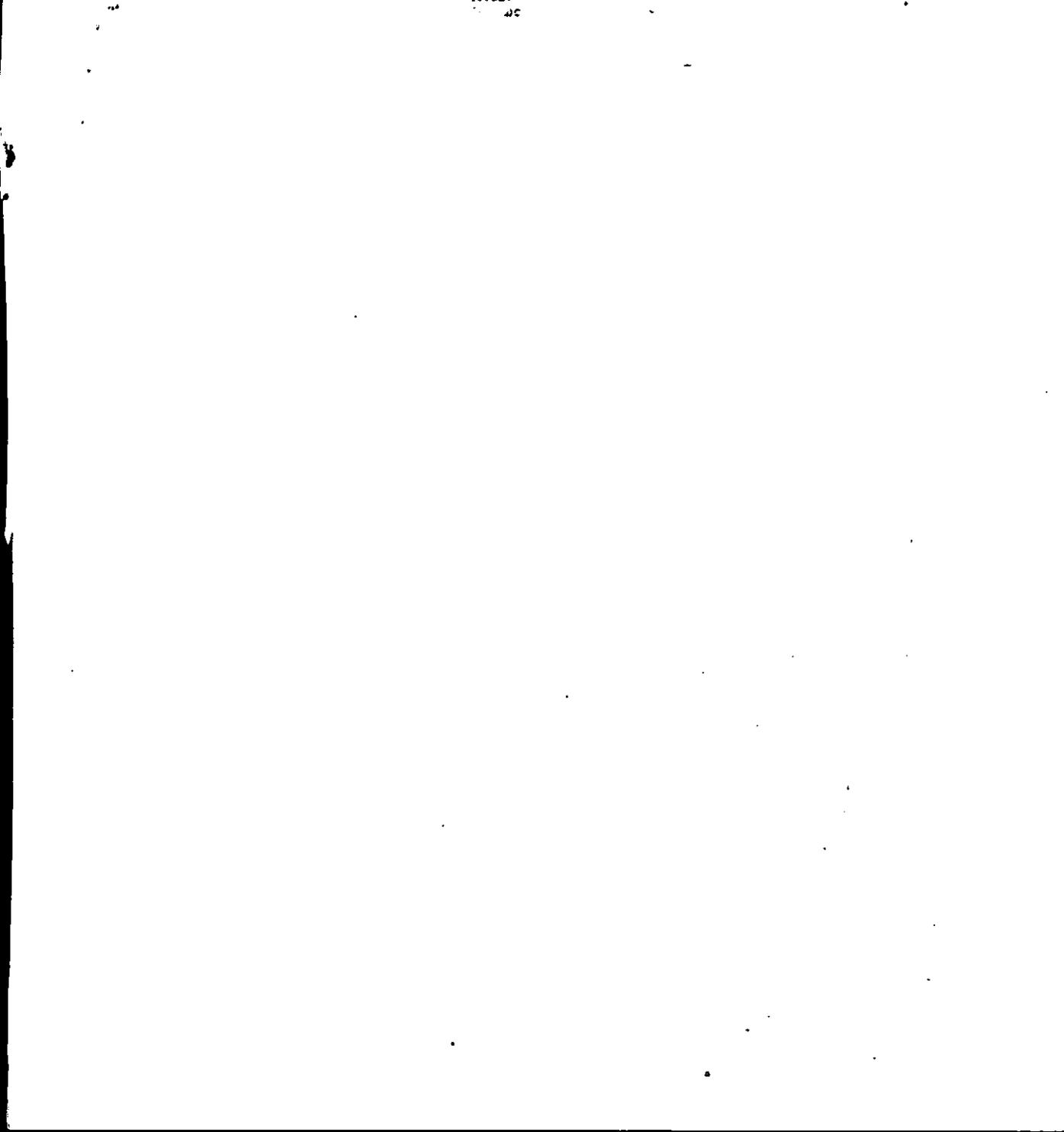
WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) R. M. Mankoff, M. D.

6/2, 1930 (Address) Washington, 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 Geary Summit, Mo DATE OF BURIAL June 4, 1930  
Old Aux Vasse Cemetery

20. UNDERTAKER Nieburg & Vitt, Washington, Mo. ADDRESS .....



**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County Franklin Registration District No. 297 File No. 19090<sup>a</sup>  
 Township ..... Primary Registration District No. 3016 Registered No. ....  
 City Washington (No. ....) St. .... Ward)

**2. FULL NAME**

Thomas Lowell Yates

(a) Residence No. .... St. .... 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S -

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2 - 1930

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 21 - 1892

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAY If LESS than 1 day, .... hrs. or ..... min.

upper left chest crushed by wheel of auto (accident)  
Victim was hit by auto while walking on highway  
 CONTRIBUTORY Traumatic pneumonia (SECONDARY)

**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 .....

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

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

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH, Gray Summit, Mo.

10. NAME OF FATHER .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

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

WAS THERE AN AUTOPSY? .....

12. MAIDEN NAME OF MOTHER .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

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

(Signed) ..... M. D.  
 , 19 (Address) .....

\*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.

14. INFORMANT ..... (Address) .....

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

15. FILED June 2, 1930 O. L. Munch REGISTRAR

20. UNDERTAKER ADDRESS

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

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