NOV 22 1930

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

Do not use this space.
32638

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township [illegible] — Primary Registration District No. 2001 — Registered No. 786-A
City Springfield (No. St. John's Hospital St. Ward)

2. FULL NAME Nellie Marie Yoe
(a) Residence. No. ~~Lebanon Mo~~ St., Ward. Eldridge Mo.
(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: female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ira Yoe

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 8 1905

7. AGE: Years 25 — Months 0 — Days 10 — If LESS than 1 day, ___ hrs. or ___ min.

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

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

PARENTS
10. NAME OF FATHER: Wm Tarney
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Iowa
12. MAIDEN NAME OF MOTHER: not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): not known

14. INFORMANT: Ira Yoe
(Address): Eldridge Mo.

15. FILED 11-10, 1930 Lon Sharp (W) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1930, to Oct 18, 1930, that I last saw her alive on Oct 18, 1930, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Yellow Atrophy of the Liver
125 R
143 R
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY): Pregnancy
(duration) yrs. 6 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) Joseph D Jaw, M. D
11-8, 1930 (Address) Springfield 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: Hufft Cemetery
DATE OF BURIAL: Oct 20 1930

20. UNDERTAKER: Palmer Und. Co.
ADDRESS: Lebanon 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.

...PERMANENT RECORD

JUL 9 194