NOV 24 1930

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

Do not use this space.

32731

1. PLACE OF DEATH
County Howard — Registration District No. 378 — File No.
Township Moniteau — Primary Registration District No. 5-5-31 — Registered No. 48
City ~~Howard Co Farm~~ (No. ..... St. ..... Ward)

2. FULL NAME William Howard Yelton
(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 yrs. 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-18-1860

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70	1	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(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) Howard County Mo

PARENTS
10. NAME OF FATHER William H. Yelton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Howard County Mo
12. MAIDEN NAME OF MOTHER Martha Shipp
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Howard County Mo

14. INFORMANT Charles Miller
(Address) Fayette Mo.

15. FILED Oct. 9th 1930 V. H. Bonham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-8 1930

17. I HEREBY CERTIFY, That I attended deceased from August 27th, 1930, to Oct 8 1930, that I last saw him alive on Oct 3rd, 1930, and that death occurred, on the date stated above, at 1 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Interstitial Nephritis & myocarditis 51C
131
92C (duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Carcinoma of Prostate? (duration) yrs. 8 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Howard Co Mo.
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) V. H. Bonham, M. D.
, 19 (Address) Fayette 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: Richland Cemetary — DATE OF BURIAL: 10-9 1930

20. UNDERTAKER: Tony Hillen — ADDRESS: Glasgow Mo.

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.