

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph (No. 616 Harmon street)

Registration District No. 85
Primary Registration District No. 1001

File No. 8809
Registered No. 233
St. _____ Ward _____

2. FULL NAME Richard Jewell Yeakley

(a) Residence, No. 616 Harmon street
(Usual place of abode)

St. _____ Ward _____

(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

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) April 24, 1908

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

22

11

20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Bridge Carpenter 39

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer C.B. & Q.R.R.

**9. BIRTHPLACE (CITY OR TOWN) Buchanan Co.
(STATE OR COUNTRY) Missouri**

10. NAME OF FATHER Wm. Henry Yeakley

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) Buchanan Co.
(STATE OR COUNTRY) Missouri**

12. MAIDEN NAME OF MOTHER Rebecca A Dittmore

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Buchanan Co.
(STATE OR COUNTRY) Missouri**

**14. INFORMANT Wm. Henry Yeakley
(Address) 616 Harmon st., St. Joseph Mo.**

**15. FILED MAR 19 4 1931
John R Bender REGISTRAR**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 4 1931

17.

I HEREBY CERTIFY, That I attended deceased from 2-7 to 3/3 that I last saw him alive on 3/3 and that death occurred, on the date stated above, at 8:35 AM

THE CAUSE OF DEATH* WAS AS FOLLOWS:

10A Broncho Pneumonia
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY)

Influenza
(duration) yrs. mos. 4 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 Clinical

(Signed) O. S. Pruesen M. D.

Mar. 4, 1931 (Address) 1011/2 W. Moor

*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

Bethel Cemetery

DATE OF BURIAL

Mar. 6 1931

20. UNDERTAKER

H. O. Sickenfaden

ADDRESS

1802 Union

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

