

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

15196

1. PLACE OF DEATH

County PettisRegistration District No. 668Township SedaliaPrimary Registration District No. 3032City SedaliaNo. 312 East 2nd

File No.

Registered No. 123

St. Ward)

2. FULL NAME

(a) Residence, No. 312 East 2nd St. 2 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 14 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) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Yokley6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 18607. AGE YEARS 68 MONTHS 9 DAYS 5 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 6012. BIRTHPLACE (CITY OR TOWN) South Carolina (STATE OR COUNTRY) ?13. NAME David Yokley14. BIRTHPLACE (CITY OR TOWN) South Carolina (STATE OR COUNTRY) ?15. MAIDEN NAME Don't Know16. BIRTHPLACE (CITY OR TOWN) South Carolina (STATE OR COUNTRY) ?17. INFORMANT Clarence E. Yokley (ADDRESS) 5026 E. Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hazel Grove DATE 4/6/3119. UNDERTAKER McLaughlin Bros (ADDRESS) Sedalia Mo20. FILED 4-6 19 31 J. J. Love Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to, 19,

I last saw him alive on, 19, Death is said

to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Died in Convulsions
typical of Staphylococcus
poisoning. Probably
absorption of Staphylococcus
taken with suicidal intent

Other contributory causes of importance:

1635
4/6/31
63
5

Name of operation no Date of noWhat test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? suicide Date of injury 4/3/31

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. T. Bishop Coroner, M. D.

(Address)

1975