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.

NOV 24 1931

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

Do not use this space.

34812

1. PLACE OF DEATH
County: Jefferson — Registration District No. 421 — File No.
Township: Joachim — Primary Registration District No. 4249 — Registered No. 94
City: Festus (No. St. Ward)

2. FULL NAME: Elizabeth Yeida

(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 39 yrs. 2 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*):
5a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 18 1892
7. AGE — YEARS: 39 — MONTHS: 2 — DAYS: 3 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
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): May 1931
11. Total time (years) spent in this occupation: 5 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Festus Missouri

FATHER
13. NAME: John Yeida
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Emma Salinger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Joffie Jones Festus Mo
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Festus Mo DATE: 10-23 1931
19. UNDERTAKER (ADDRESS): Duester & Umyard Festus Mo
20. FILED 10/23 1931 J. E. Rutledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 21st 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 22 1931, to Oct 21 1931
I last saw her alive on Oct 20 1931. Death is said to have occurred on the date stated above, at 11 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	Nov 1930
48	

Other contributory causes of importance:

Name of operation: Radium treatment — Date of: Nov 1930
What test confirmed diagnosis: Clinical & laboratory — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. J. Cunningford, M. D.
(Address) Crystal City Mo