MARGIN RESERVED FOR BINDING

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.

FEB 23 1932

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 250
Township — Primary Registration District No. 1001 — Registered No. 90
City St Joseph Mo (No. 4 State Hospital St. Ward)

2. FULL NAME J. E. Yeskely
(a) Residence. No. 219 E. Colorado St. Ave St Joseph 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: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1876
7. AGE: YEARS 55 — MONTHS Unknown — DAYS — If LESS than 1 day, ...hrs. or ...min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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) St Joseph Mo
PARENTS
10. NAME OF FATHER Michael Yeskely
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown U.S.
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown U.S.
14. INFORMANT State Hospital Records (Address) St. Joseph Mo
15. FILED JAN 26 1932 John R. Binder REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 26 1932
17. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1932, to Jan 26, 1932 that I last saw him alive on Jan 26, 1932, and that death occurred, on the date stated above, at 3 P m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchi Pneumonia
83
107A
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Tabo Paresis
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF (1)
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
(Signed) S. E. Miles, M. D.
Jan 26 1932 (Address) St Joseph 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: Bethel Cemetery — DATE OF BURIAL: Jan. 29, 1932
20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1946 Calhoun