

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

Do not use this space.

1197

**1. PLACE OF DEATH**

County Jackson Registration District No. 113 File No. 235  
 Township Jean Primary Registration District No. 113 Registered No. 235  
 City Kansas City (No. 7 C General Hosp) St. Mo. Ward

**2. FULL NAME**

Samuel Yeoman  
 (a) Residence, No. 1600 E 8th St. 9 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
52 5 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cather

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 84

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas 2

13. NAME Mark Yeoman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Penn

15. MAIDEN NAME Emma Burroughs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Wisconsin

17. INFORMANT Reverend Clerk (ADDRESS) K.C. Gen. Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Jan 19, 1932

19. UNDERTAKER Chas. B. Lapelina (ADDRESS) K.C. Mo

20. FILED Jan 20, 1932 M. D. Registrar

**MEDICAL CERTIFICATE OF DEATH**

2. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1932 to Jan 18, 1932  
 I last saw him alive on Jan 18, 1932 Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Myocardial Infarction  
112  
95A/12

Other contributory causes of importance: Asthma

Name of operation none Date of

What test confirmed diagnosis? no 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

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 1  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify P.B. Williams M. D.

(Signed) Supt K.C. Gen. Hosp (Address) K.C. 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.

