

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

Do not use this space.

1. PLACE OF DEATH
 48 County Jackson Registration District No. 398 File No. 8292
 51 Township Blue Primary Registration District No. 3919 Registered No. 94
 8 City Madison (No. 314 E. So. ave St. 94 Ward)

2. FULL NAME Charles J. Yearington
 (a) Residence No. 314 E. So. ave St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred, 5 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 Mary A. Yearington
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 9-18 57
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 4 3

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired Merchant
 (b) General nature of industry, business, or establishment in which employed (or employer) Retired 5 years
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Howard Co
 (STATE OR COUNTRY) Iowa

PARENTS
 10. NAME OF FATHER Alvah Yearington
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Eric
 (STATE OR COUNTRY) Iowa
 12. MAIDEN NAME OF MOTHER Rudg Post
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Madison Co
 (STATE OR COUNTRY) New York

14. INFORMANT Mary A. Yearington
 (Address) 314 E. So. ave

15. FILED May 13 1932 Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 12 1932
 17. I HEREBY CERTIFY, That I attended deceased from June 1931 to March 12, 1932 that I last saw him alive on March 11, 1932 and that death occurred, on the date stated above, at 8:30 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocardial insufficiency
Chronic nephritis
131
930 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 131 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ①
 IF NOT AT PLACE OF DEATH.....
 0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? albumen
 (Signed) John B. Green M. D.
3-13-32 (Address) Independence 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 Lanonia Iowa DATE OF BURIAL May 14 1932

20. UNDERTAKER Lanonia Iowa ADDRESS _____

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.

APR 27 1932

