

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

Do not use this space.

9416

1. PLACE OF DEATH

County Newton Registration District No. 611
Township Seneca Mo. Primary Registration District No. 4361
City Seneca Mo. (No. _____) State _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME Sherman Finley Yocum

(a) Residence, No. _____ St. _____ Ward _____
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (or) WIFE OF <u>Rearl Crowder</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-27-1892</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>40</u>	<u>1</u>	<u>26</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Foreman 37</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Independent Travel 108</u>			
	10. Date deceased last worked at this occupation (month and year) <u>8-17-32</u>			
	11. Total time (years) spent in this occupation			

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. 1</u>
	13. NAME <u>Chas. B. Yocum</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know 31</u>
	15. MAIDEN NAME <u>Mary J. Hayes</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>
	17. INFORMANT <u>Mrs. S. G. Yocum</u> (ADDRESS) <u>Seneca Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL	PLACE <u>Seneca Mo.</u> DATE <u>2-24 1932</u>
	19. UNDERTAKER <u>F. W. Suggard</u> (ADDRESS) <u>Seneca Mo.</u>
20. FILED <u>4/1 1932</u>	Registrar <u>C. Harris</u>

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-23 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 17 1932 to Mar 23 1932

I last saw him alive on Mar 23 1932 Death is said to have occurred on the date stated above, at 1:50 A.M.

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

Labor Pneumonia Date of onset _____

Other contributory causes of importance: Flu

8. Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____
(Signed) V. B. Sremiler, M. D.
(Address) Seneca Mo.

WRITE PLAINLY, WITH NEATNESS AND PRECISION—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 28 1932

