

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

Do not use this space.

19710

File No. _____
Registered No. 2520
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. 316 No. Hardesty)

2. FULL NAME Fredrick M. Yanner Sr.

(a) Residence, No. 316 No. Hardesty St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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>Widower</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Margaret Yanner</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 3rd, 1856</u>					
7. AGE YEARS <u>75</u>		MONTHS <u>8</u>		DAYS <u>20</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>					
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)			11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>					
13. NAME <u>Jno. J. Yanner</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Data Switzerland</u>					
15. MAIDEN NAME <u>Mary Schell</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>					
17. INFORMANT <u>Fred. H. Yanner Jr.</u> (ADDRESS) <u>316 No Hardesty</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Mary's Cem.</u> DATE <u>June 27th, 1932</u>					
19. UNDERTAKER <u>W. F. Mayberry</u> (ADDRESS) <u>City</u>					
20. FILED <u>6/25</u> , 19 <u>32</u> <u>M. M. Crowe</u> <u>Asst. Registrar.</u>					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24th, 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 24, 1931, to June 24, 1932
I last saw him alive on June 23, 1932. Death is said to have occurred on the date stated above, at 5.30 Pm.
The principal cause of death and related causes of importance were as follows:

Date of onset
82A Cerebral Hemorrhage Jan 24/32
107K D 820A
Other contributory causes of importance:
Some Moncho Brumoris Jan 29/32

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Jas Leonard, M. D.
(Address) 35 E S 4 Terrace

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.

Dr. J. H. Thompson
58 S. 5th St.
St. Louis, Mo.
Oct. 1830