

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

Do not use this space.

22665

1. PLACE OF DEATH

46 County Howell  
Township South Fork  
City (No. ....) Ward

Registration District No. 389  
Primary Registration District No. 5344

File No. ....  
Registered No. ....

2. FULL NAME

Lee L. Yarnell

(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 M 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17 1888

7. AGE YEARS 44 MONTHS 6 DAYS ..... If LESS than 1 day, ..... hrs. or ..... min.

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

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) Howell Co Mo

13. NAME Henry Mahaney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Waford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT L. Mahaney  
(ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL PLACE State Line Ark DATE July 15 1932

19. UNDERTAKER (ADDRESS) McFarley West Plains Mo

20. FILED July 15 1932 R. H. Thompson  
Registrar.

W MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1930 to July 14 1932  
I last saw him alive on July 14 1932 Death is said to have occurred on the date stated above, at 5:00 m.

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

Causes of Liver Secondary to Cancer of Breast - which was removed 4 years ago  
50

Other contributory causes of importance:  
46550 (D)

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 .....

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify Ha Shornson (Signed) ....., M. D.  
(Address) Linton MO

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.

AUG 9 4 1932

