

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

Do not use this space.

25800

**1. PLACE OF DEATH**

31 County Clair Registration District No. 249  
Township Salem Primary Registration District No. 5346  
City..... (No.....) St..... Ward.....

File No.....

Registered No.....

**2. FULL NAME**

Mary E. Yost  
(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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 4 - 1861  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
70 9 11

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work housework  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Ill.

10. NAME OF FATHER Cornelius Yost  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.  
12. MAIDEN NAME OF MOTHER Lucinda Chapman  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.

14. INFORMANT Gilbert Yost  
(Address) Pattonburg Mo

15. FILED Aug 19 32 John J. Walker REGISTRAR  
Mrs. H. G. Cunningham

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 15 1932  
17. HEREBY CERTIFY, That I attended deceased from 2 2  
day May 1932 to Aug - 15 1932  
that I last saw h..... alive on May - 15 1932 and that death occurred, on the date stated above, at 7:25 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Causes of death  
H/E  
..... (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) H/E  
..... (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH..... ①

18 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) John J. Walker, M. D.  
Pattonburg 2

\*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 Hickory Creek DATE OF BURIAL Aug 17 1932

20. UNDERTAKER W. L. Ivomey Pattonburg Mo ADDRESS

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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. SEP 22 1932

11/15/20