

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

Do not use this space.

35515

1. PLACE OF DEATH
 45 County Howard Registration District No. 376
 1 Township Primary Registration District No. 4320
 3 City Amstrong (No.) St. Ward
 2. FULL NAME Willie Edna Yancey
 (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 1 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED - HUSBAND OF (OR) WIFE OF Calandon Yancey
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 20-1865
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 9 13
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper
 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) Boone County Missouri
 MOTHER 13. NAME William Green
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 15. MAIDEN NAME Mary Woods
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT Mrs Frank Emel
 (ADDRESS) Amstrong Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Amstrong DATE 11-6 1932
 19. UNDERTAKER O. H. Eldaker
 (ADDRESS) Amstrong Mo
 20. FILED Nov 5 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3 1932
 22. I HEREBY CERTIFY, That I attended deceased from July 20 1931 to Nov 3 1932
 I last saw him alive on Nov 3 1932 Death is said to have occurred on the date stated above, at 3:50 p.m.
 The principal cause of death and related causes of importance were as follows:
 Chronic interstitial nephritis 1950
 Cardiovascular 1930
 Other contributory causes of importance: 1911 (1)
 Name of operation Date of
 What test confirmed diagnosis? Tubercle & P. tubercula 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 No
 (Signed) W. M. Decker, M. D.
 (Address) Amstrong Mo

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.

NOV 9 1932

MARGIN RESERVED FOR BINDING

V. S. No. 2

