

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

Do not use this space.

41164

File No. _____
Registered No. 75
St. _____ Ward _____

1. PLACE OF DEATH

County Polk
Township Levern
City _____ (No. _____)

Registration District No. 716
Primary Registration District No. 5-945

2. FULL NAME

Nancy A. Yookum
(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Simon J. Yookum
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/25/1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 11 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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) Missouri

13. NAME Thomas Jones

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

15. MAIDEN NAME Sarah Schooley

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

17. INFORMANT (ADDRESS) Simon J. Yookum
Simon, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Seaton DATE Dec. 29 1932

19. UNDERTAKER (ADDRESS) Fred H. Gilbert
Clinton, Missouri

20. FILED 1/29 1932
W. H. Reed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28 1932

22. HEREBY CERTIFY That I attended deceased from Dec 23 1932 to Dec 28 1932

I last saw her alive on Dec 27 1932 Death is said to have occurred on the date stated above, at 1308 m.

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

Acute Yellow Atrophy of the Liver
Date of onset 1/23 1932

Other contributory causes of importance:
Carcinoma of Breast

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? 2 Date of injury _____ 1932

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) W. H. Reed M. D.

(Address) Clinton, Mo.

