

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

Do not use this

1. PLACE OF DEATH

7 County Bates Registration District No. 47 File No. 145
 Township Mound Primary Registration District No. 5071 Registered No. 4
 City Heat Adrian (No. _____) St. _____ Ward _____

2. FULL NAME Melvina A. Yeatts
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Yeatts</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 3 - 1848</u>		
7. AGE YEARS <u>89</u>	MONTHS <u>7</u>	DAYS <u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u> <u>Jefferson County</u>
	13. NAME <u>Uriah Thornburgh</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u> <u>Virginia</u>
	15. MAIDEN NAME <u>Don't know</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u> <u>Don't know</u>
17. INFORMANT (ADDRESS) <u>D. A. Yeatts</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Butler, Mo</u> DATE <u>Jan. 8 1933</u>	
19. UNDERTAKER (ADDRESS) <u>Creath & Son</u> <u>Adrian, Mo</u>	
20. FILED <u>7/10 1933</u> <u>D. H. Little</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6 1933

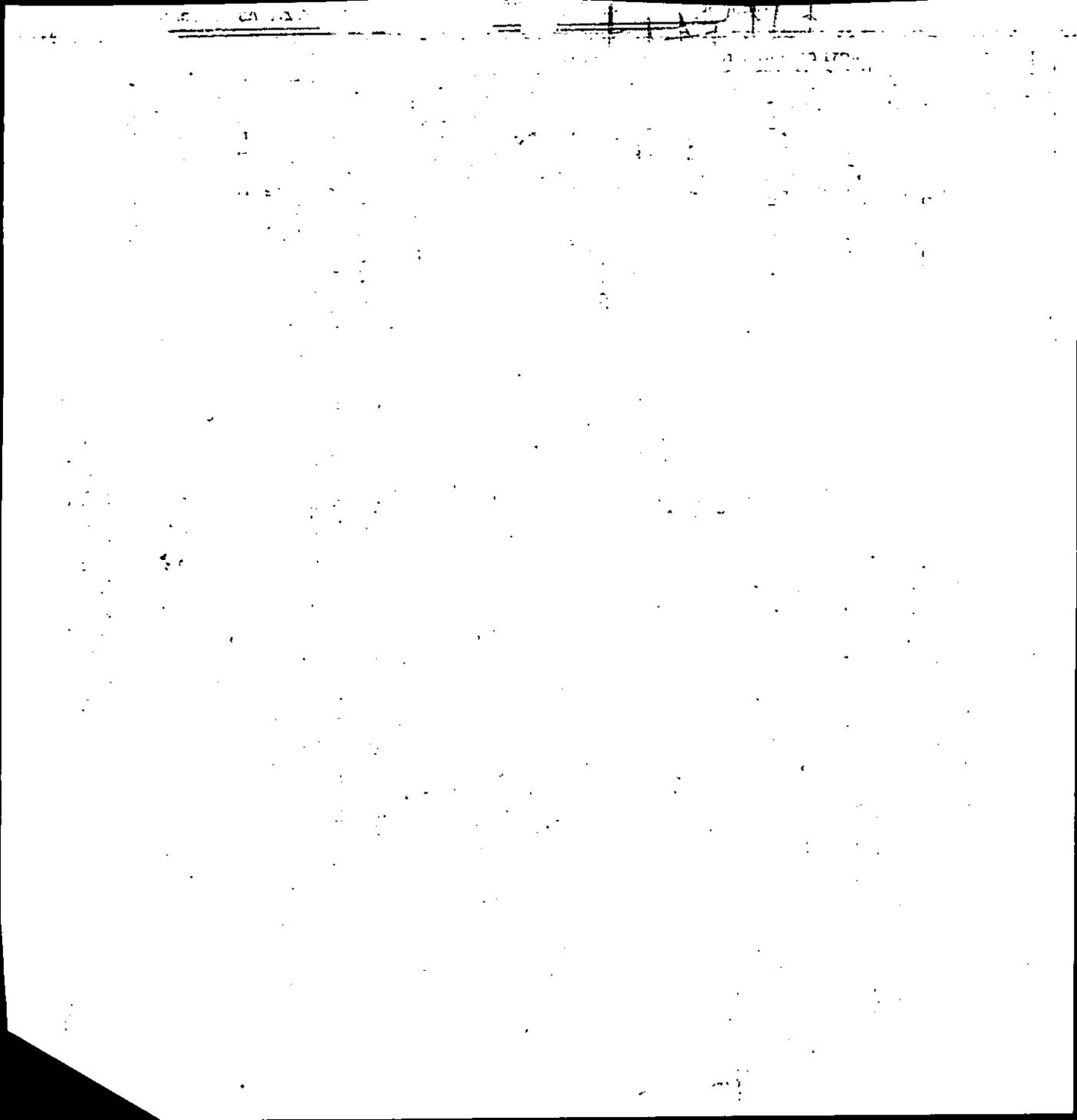
22. I HEREBY CERTIFY that I attended deceased from Jan. 3 1933 to Jan. 6 1933
 I last saw her alive on Jan. 5 1933. Death is said to have occurred on the date stated above, at 11 A. M.
 The principal cause of death and related causes of importance were as follows:
Shock following injury to hip joint
Dissection of fracture
 Other contributory causes of importance:
Senility + Arteriosclerosis years

Name of operation none Date of _____
 What test confirmed diagnosis? Clinical 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) E. E. Robinson, M. D.
 (Address) Adrian, Mo.

Date of onset
Jan 3 - 1933



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lates Registration District No. 47
 Township Mound Primary Registration District No. 2071
 City (No. St. Ward)

2. FULL NAME

Malvina A. Yeatts
 (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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 3, 1843</u>		
7. AGE	YEARS	MONTHS
<u>89</u>	<u>7</u>	<u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Shot following injury to hip joint resulting in fracture
Fall

Other contributory causes of importance:
Senility & arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? 1800 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____
 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) E. E. Robinson, M. D.
 (Address) Adrian Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19____

19. UNDERTAKER (ADDRESS)

20. FILED 19/10 1933 William H. Harty Registrar

SUPPLEMENTARY

REGISTRATION SHALL NOT BE VALID UNLESS THIS SUPPLEMENTARY IS FILED WITH THE ORIGINAL CERTIFICATE OF DEATH

1933

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