

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.

MAY 20 1934

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

Do not use this space.

2234-A
2804-A

1. PLACE OF DEATH

County Russell
Township Silver Creek
City (No. _____) _____ St. _____ Ward _____

Registration District No. 731
Primary Registration District No. 5973

File No. _____
Registered No. 3

2. FULL NAME Charley Yancey

(a) Residence, No. _____ St. _____ Ward _____

Length of residence in city or town where death occurred 4 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 male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Armetta Yancey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>68</u>	<u>10</u>	<u>13</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Labor
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) Missouri

MOTHER 13. NAME William Yancey

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

15. MAIDEN NAME Armetta Unknown

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

17. INFORMANT Russell Yancey
(ADDRESS) Roanoke Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Roanoke DATE Jan 28 1934

19. UNDERTAKER A. H. W. Baker
(ADDRESS) _____

20. FILED May 10 1934 J. Bradsher
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Jan 20 1933 to Jan 21 1933
I last saw him alive on Jan 21 1933. Death is said to have occurred on the date stated above, at 59 m.

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

Influenza - Phlebotomy
11 1/2
11 1/2
Other contributory causes of importance: _____

Name of operation none Date of none
What test confirmed diagnosis? Smear Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 19____
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. L. Carl, M. D.
(Address) Roanoke Mo

0.000000