

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

Do not use this space.

791
1003

3216

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City ST. LOUIS, MO. (No. CITY HOSP. NO. 2) St. Ward.....

File No.....
Registered No. 95
St. Ward.....

2. FULL NAME CURTIS YATES

(a) Residence, No. 711 N. 19TH St., 21 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 2 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>MALE</u>	4. COLOR OR RACE <u>NEGRO</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>HAZEL YATES</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-2-1903</u>		
7. AGE YEARS <u>29</u>	MONTHS <u>11</u>	DAYS <u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>CHAUFFEUR</u>		
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) <u>NOV. 1932</u>		11. Total time (years) spent in this occupation <u>UNKNOWN</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MISSOURI</u>		
13. NAME <u>MILTON YATES</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO.</u>		
15. MAIDEN NAME <u>VIOLA DICKSON</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO.</u>		
17. INFORMANT <u>R. G. CREAM</u> (ADDRESS) <u>CITY HOSP. NO. 2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenwood</u> DATE <u>Jan 4</u> 19 <u>33</u>		
19. UNDERTAKER <u>W. B. Reed Co.</u> (ADDRESS) <u>2726 Forest Ave.</u>		
20. FILED <u>1933</u> <u>Max C. Standley</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2-1933

22. I HEREBY CERTIFY, That I attended deceased from 12-24, 1932, to 1-2, 1933
I last saw h.i.m. alive on 1-2, 1933. Death is said to have occurred on the date stated above, at 5:40 a.m.
The principal cause of death and related causes of importance were as follows:
108
Lobar Pneumonia
Other contributory causes of importance:
108
Name of operation Aut. Lab. 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? 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), M. D.
(Address) CITY HOSP. NO. 2

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.

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