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

Do not use this space.

15194

File No. .....

Registered No. 3722

1. PLACE OF DEATH

County ..... Registration District No. 78E 1003

Township ..... Primary Registration District No. .....

City St Louis (No. 4424 Rosalie St. ..... Ward)

2. FULL NAME Dora W. Yates

(a) Residence, No. 4424 Rosalie St., 10 Ward. (If nonresident, give city or town and State)
(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.

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: Charles M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar - 26 1875

7. AGE: Years 58 | Months 0 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

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): St Louis Mo

FATHER

13. NAME: William G. Wilson

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

MOTHER

15. MAIDEN NAME: Melvina Pratt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pittsburg Pa

17. INFORMANT (ADDRESS): Charles M. Yates 4424 Rosalie

18. BURIAL, CREMATION, OR REMOVAL PLACE: Bellefontaine DATE: April 26 1933

19. UNDERTAKER (ADDRESS): Alton & Co 2707 Rauscher

20. FILED: APR 25 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 23rd 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1st 1930, to April 23rd 1933

I last saw her alive on April 23rd 1933. Death is said to have occurred on the date stated above, at 10 30 p m.

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

	Date of onset
Essencial Hypertension	1930

Other contributory causes of importance:

Cerebral Hemorrage	4-22-33

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) Goldburn H. Wilson, M. D.

(Address) 4105 W Pleasant av

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD