

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

Do not use this space.

17590

94 1. PLACE OF DEATH
 County Washington Registration District No. 33
 Township Primary Registration District No.
 City (No.) St. Ward

2. FULL NAME Melzerie Yarbrough
 (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.

File No.
 Registered No. 13

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Yarbrough

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 1847

| | | | |
|--------------|----------|-----------|--|
| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day,hrs. ormin. |
| <u>86</u> | <u>4</u> | <u>22</u> | |

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

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) Nov 1931 11. Total time (years) spent in this occupation 62

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Mo.

FATHER: 13. NAME John Sansusie
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER: 15. MAIDEN NAME Mary DeBlue
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Mrs Wm Hartman (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Loof Sullivan DATE May 11 1933

19. UNDERTAKER J. S. Boyer & Son (ADDRESS)

20. FILED 5910 1933 W E Aubechou Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1933

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1932, to May 6, 1933
 I last saw h. em. alive on May 6, 1933 Death is said to have occurred on the date stated above, at 2:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy
Chronic Myocarditis

 Date of onset Nov. 1931

Other contributory causes of importance:

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? 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) C. H. Appberry, M. D.
 (Address) 7th St. River View, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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