

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

Do not use this space.

18832

1. PLACE OF DEATH

County Barry Registration District No. 34
 Township Center Primary Registration District No. 6239
 City Wright (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 12

2. FULL NAME

(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 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</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>Henry Yarnall</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MAR. 7 - 1875</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>3</u>
	DAYS <u>20</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife 13</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>93rd</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation <u>17 1/2</u>

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27 1933
 22. I HEREBY CERTIFY, That I attended deceased from June 19, 1933, to June 26, 1933
 Last saw her alive on June 26, 1933 Death is said to have occurred on the date stated above, at 12:10 P.M.

The principal cause of death and related causes of importance were as follows:
Acute Myocarditis Date of onset 1 mo.
Congestive Angina 10 days
Chronic Catarrh 1 1/2 mo.
 Other contributory causes of importance:
Chronic Interstitial Nephritis 10 or 15 years

Name of operation None Date of _____
 What test confirmed diagnosis? Specimen 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 No
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) O. W. Fear M. D.
 (Address) Wheaton, Mo.

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Center Missouri</u>
	13. NAME <u>James D. W. Bates</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Tenn.</u>
	15. MAIDEN NAME <u>Madeline Price</u>
INFORMANT	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Tenn.</u>
	17. INFORMANT (ADDRESS) <u>W. W. Wooten</u>
BURIAL	18. BURIAL, CREMATION OR REMOVAL PLACE <u>Corner Cemetery</u> DATE <u>6-29-1933</u>
	19. UNDERTAKER (ADDRESS) <u>Randy Blackenship</u> <u>EXETER 7710</u>
FILED	20. FILED <u>June 28, 1933</u> <u>Mrs. W. P. Searcy</u> Registrar.

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.

JUL 20 1933

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