

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

Do not use this space.

19269

1. PLACE OF DEATH

26 County Cole Registration District No. 2151
Township Liberty Primary Registration District No. 5295
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME George M. Yates

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-19-1908
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 0 20
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fisherman
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) Bland, Missouri

13. NAME Frank Yates

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

15. MAIDEN NAME Martha Maples

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage County, Mo

17. INFORMANT John Williams
(ADDRESS) Osage City, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Osage City, Mo DATE June-9- 19. 33

19. UNDERTAKER Frank J. Gorden
(ADDRESS) Osage City, Mo

20. FILED June 9 1933 Jacob McReithel
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Run over by a Missouri Pacific train at Osage City Mo

Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6-8, 1933

Where did injury occur? Osage City, Cole Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public place

Nature of injury Railroad Accident

Complete severing of body at water wheel

24. Was disease or injury in any way related to occupation of deceased?

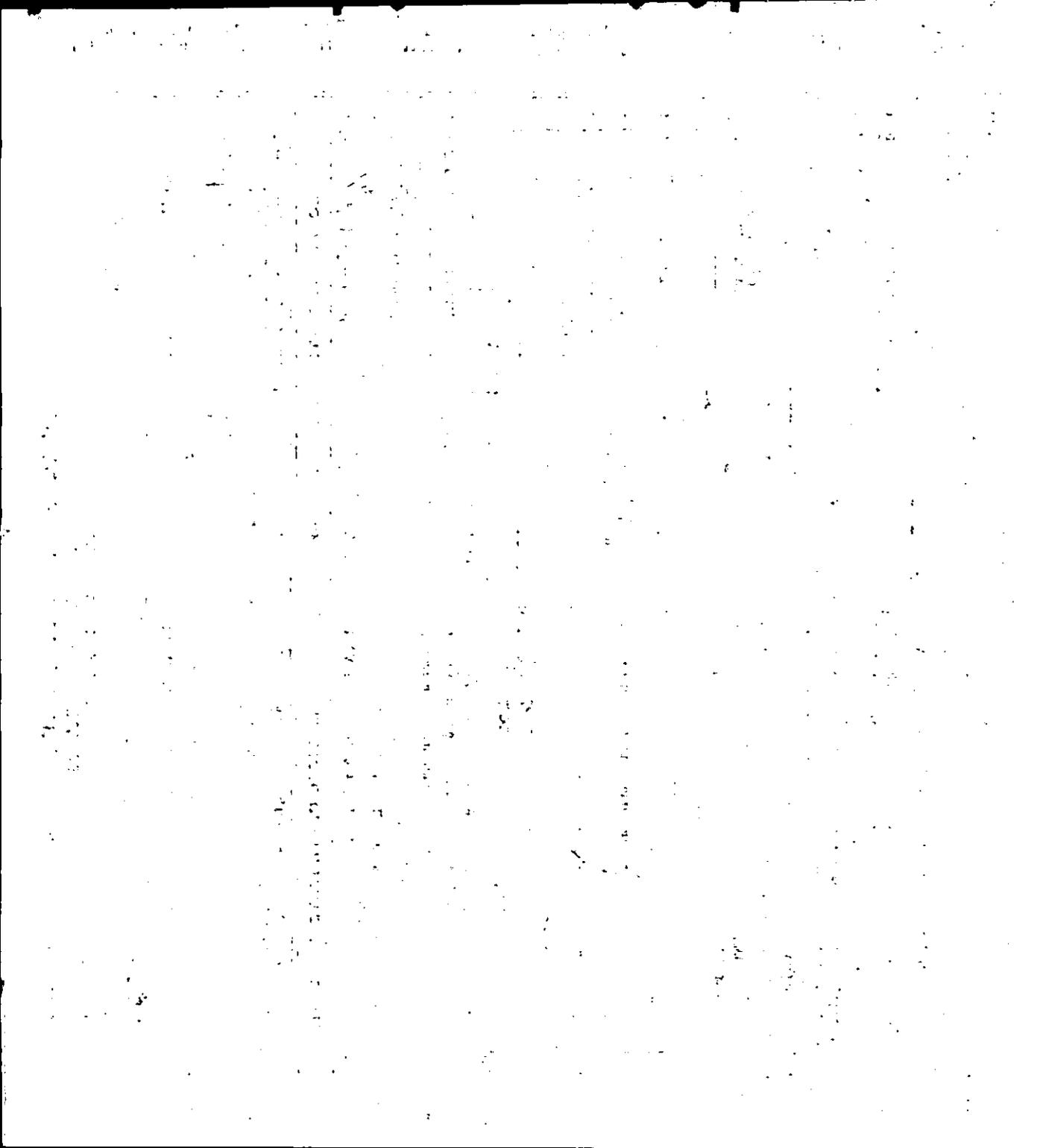
If so, specify _____

(Signed) Dr. R. E. Weaver

(Address) Parsellville Mo

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.

JUN 22 1933



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 215 File No. _____
 Township Liberty Primary Registration District No. 5295 Registered No. 4
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 0 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fisherman
 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) Bland Mo

13. NAME Frank Yates

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Maitha Phelps

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon Mo

17. INFORMANT (ADDRESS) Geo. W. [unclear]

18. BURIAL, CREMATION, OR REMOVAL PLACE Oregon Mo DATE June 9 1933

19. UNDERTAKER (ADDRESS) Thos. J. Corlier

20. FILED July 9 1933 Jacob Lauth Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from _____ to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Referred to by a physician at George City
 Date of onset _____

Other contributory causes of importance:
no automobile involved or other vehicle

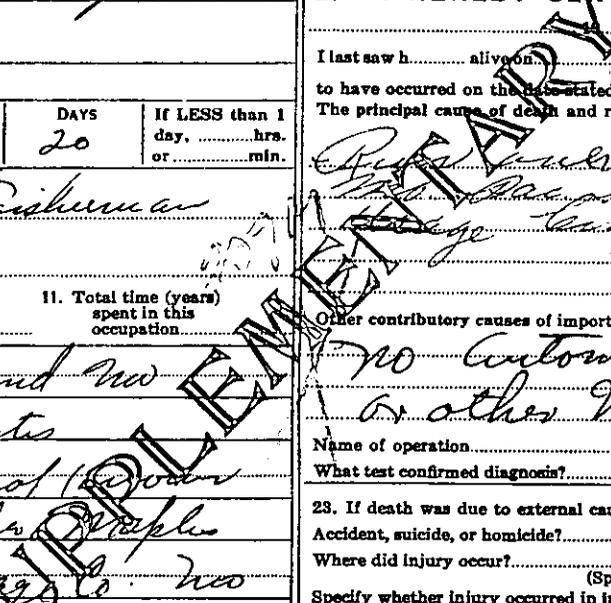
Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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 Complete severing of body at
 Nature of injury below pipes

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) D. R. E. Weaver (Count), M. D.
 (Address) Russellville Mo

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.



S. 19269