

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.

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township 1st AW
City Kansas City (No. 5203, East 7th St.)

Registration District No. 399
Primary Registration District No. 1002

19910
File No. 2626
Registered No. 2626
St. _____ Ward _____

2. FULL NAME John William Yelton

(a) Residence, No. 5203 East 7th St. 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 <u>Male</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>Cordelia Yelton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 29, 1846</u>		
7. AGE YEARS <u>86</u>	MONTHS <u>5</u>	DAYS <u>29</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>Retired</u>	11. Total time (years) spent in this occupation
	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)	

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

FATHER 13. NAME Jesse Yelton

FATHER 14. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Gallie Hendricks

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

17. INFORMANT Mrs. Walter Bruns
(ADDRESS) 7321 Bellevue

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Washington DATE 6-24 1933

19. UNDERTAKER C. E. Blackman & Son
(ADDRESS) 8785 Ind. Blvd.

20. FILED 6-23 1933 M. M. Kerone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22 1933

22. I HEREBY CERTIFY, That I attended deceased from June 21 1933 to June 22 1933
I last saw him alive on June 22 1933 Death is said to have occurred on the date stated above, at 9 A. m.

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

Coronary Embolus
9/15
9/15

Date of onset

Other contributory causes of importance:
Arteriosclerosis

Name of operation None Date of None

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? No Date of injury _____ 19 _____
Where did injury occur? None
(Specify city or town, county, and State)

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

Manner of injury None

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. Harvey Jewett, M. D.
(Address) 1318 Belmont Bldg

