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.

File No. 23157

Registered No. 2862

1. PLACE OF DEATH

County JACKSON Registration District No. 399

Township KAW Primary Registration District No.

City KANSAS CITY (No. 811 WEST 63RD St. Ward)

2. FULL NAME JOHN CHARLES YOST

(a) Residence, No. 811 WEST 63RD St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ MRS. GRACE A. YOST

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 17 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	70	3	22	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. YOST FURNITURE CO.

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) MANITOWOC WISCONSIN

FATHER

13. NAME UNKNOWN YOST

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MR. HOWARD A. YOST
(ADDRESS) 811 WEST 63RD ST.

18. BURIAL, CREMATION, OR REMOVAL
PLACE FOREST HILL DATE JULY 11 1933

19. UNDERTAKER D.W. NEWCOMER'S SONS
(ADDRESS) 2111 EAST 9TH ST.

20. FILED July 10 1933 M. M. Greene Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1933, to July 9th, 1933

I last saw him alive on July 9th, 1933. Death is said to have occurred on the date stated above, at 3:00 P.M.

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

	Date of onset
Cerebral Hemorrhage	July 9, 1933
796	
82-A	
102	

Other contributory causes of importance:

Chronic Hypertension	1931
Myocardial Degeneration	1932

Name of operation Clinical Findings 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? 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) F. C. Fatlar, M. D.

(Address) 915 Argyle Bldg.

915 Argyle Bldg.
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