

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.

SEP 26 1933

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

Do not use this space.

25691

1. PLACE OF DEATH

County Bucanhaw
Township
City St. Joseph, Mo.

Registration District No. 85
Primary Registration District No. 1001
(No. State Hosp #2)

File No.
Registered No. 814
St. Ward

2. FULL NAME

John D Yanny
(a) Residence No. Grant City Mo St., Ward.

Grant City Mo
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 13 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>unknown</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>L</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7/18/1869</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>12</u>	DAYS <u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>unknown</u>		If LESS than 1 day, hrs. min.
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)
unknown

13. NAME
unknown

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

15. MAIDEN NAME
unknown

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

17. INFORMANT (ADDRESS)
Nov. Richards 814 State St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE
St. Vincente Mb. DATE 8/16 1933

19. UNDERTAKER (ADDRESS)
W. Bright of St. Joseph Mo

20. FILER (ADDRESS)
John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 13 1933

22. I HEREBY CERTIFY, That I attended deceased from July 31 1933 to August 13 1933
First saw him alive on August 13 1933 Death is said to have occurred on the date stated above, at 7:29 P. m.

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

Cerebral Hemorrhage
87 al
Date of onset 8/13/33
Other contributory causes of importance
Cerebral Arterio Sclerosis 7/31/33
Plus

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

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) Clifton J. Smith M. D.
(Address) St. Joe Hosp. #2 261 Joseph Mo

AUG 14 1933

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