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.

NOV 10 1933

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

Do not use this space.

35310

1. PLACE OF DEATH
98 County Schuyler — Registration District No. 805 — File No. 16
4 Township — Primary Registration District No. 4484 — Registered No.
2 City Lancaster (No. ..... St. ..... Ward)

2. FULL NAME Miranda Alice Yates

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9, 1859

7. AGE: YEARS 74 — MONTHS 1 — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Tenn.

FATHER
13. NAME Fletcher Gibson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Phoebe Woodcock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Mrs Ton Welsh Lancaster, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE I. O. O. F. Cemetery DATE Oct. 25 1933

19. UNDERTAKER (ADDRESS) John A. Roberts Lancaster, Mo.

20. FILED Oct 31 1933 A. J. Drake Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 28th, 1933, to Oct. 24th, 1933
I last saw her alive on Oct 23d, 1933 Death is said to have occurred on the date stated above, at 12:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza - Pneumonia	10/16/33
111	
109 A	
71 B	

11 A

Other contributory causes of importance: Anemia

Name of operation None Date of —
What test confirmed diagnosis? Clinical and laboratory 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) Geo. F. Sneed, M. D.
(Address) 104½ N. Franklin Kirksville Mo.