

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

Do not use this space.

1287

1. PLACE OF DEATH

County Jackson Registration District No. 389
 Township Kew Primary Registration District No. 7002
 City Kansas City (No. 2851 Brooklyn) St. _____ Ward _____

2. FULL NAME Elizabeth Yeager

(a) Residence, No. 2841 Brooklyn St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Yeager
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25, 1851
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 1 24 23

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) Bavaria

13. NAME Etzel

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

15. MAIDEN NAME Unknown

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

17. INFORMANT John J. Yeager
 (ADDRESS) 3225 Summit

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. W's Anglin DATE Jan 20-34, 19

19. UNDERTAKER Wagner Funeral Home
 (ADDRESS) 204 W. Linwood

20. FILED Jan 18, 1934 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18, 34 19
 22. I HEREBY CERTIFY That I attended deceased from Feb 1, 1933 to Jan 18, 1934
 I last saw him alive on 1-18-34 1934 Death is said to have occurred on the date stated above, at 6:40A
 The principal cause of death and related causes of importance were as follows:

Hypertensive Cardia
Ascension Pericarditis
Chronic Myocarditis
 Other contributory causes of importance: Chronic
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Autopsy? 0

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 0 Date of injury _____, 19____
 Where did injury occur? 0 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. J. Miller M. D.
 (Address) 707 Argyle
K. G. Gandy

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.

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W. W. P. Dredging

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