

MAY 25 1934

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

Do not use this space.

15359

1. PLACE OF DEATH

97 County Saline Registration District No. 796 File No. 15359
Township Marshall Primary Registration District No. 3338 Registered No. 53
City Marshall (No. Fitzgibbon Hosp St. _____ Ward _____)

2. FULL NAME

Katherine Cornelia Yokeley
(a) Residence, No. Fitzgibbon Hospital 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 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 Estel Yokeley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26 1891
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 6 16

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) Saline Co. Mo.

13. NAME James Lester Sadewhite

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co. Mo.

15. MAIDEN NAME Ethel M. Campbell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co. Mo.

17. INFORMANT Ethel M. Sadewhite (ADDRESS) Marshall Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park DATE April 10, 1934

19. UNDERTAKER R. W. Campbell (ADDRESS) Marshall Mo.

20. FILED 4/9/34 1934 Saline Mo. Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1934
22. I HEREBY CERTIFY That I attended deceased from April 2nd, 1934, to April 8, 1934.
I last saw h.w. alive on April 8, 1934. Death is said to have occurred on the date stated above, at 8:45 a.m.
The principal cause of death and related causes of importance were as follows:

General Peritonitis
140 140
Other contributory causes of importance:
Abortion - 90 E.D. due as to
Criminal or otherwise
Date of onset 4/1/34

Name of operation None Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? _____

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? Yes
If so, specify _____

(Signed) H. R. Conway, M. D.
(Address) Marshall, Mo.

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.

[The main body of the page is extremely faint and illegible, appearing to contain several paragraphs of text.]