

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.

23671

1. PLACE OF DEATH

County Greene
 Township Greene
 City Hotchkiss (No. _____) St. _____ Ward _____

Registration District No. 165
 Primary Registration District No. 5231

File No. July 25 1934
 Registered No. 66

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (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. (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17 1845

7. AGE YEARS 88 MONTHS 10 DAYS 15 If LESS than 1 day, _____ hrs. _____ min.

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

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) Walnut Grove Mo.

13. NAME Paul Grim

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

15. MAIDEN NAME Marguerite M^cGu

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

17. INFORMANT (ADDRESS) William Yeakley Stockton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Yeakley Chapel DATE Jul 31 1934

19. UNDERTAKER (ADDRESS) W. F. Davis and Co. Stockton, Mo.

20. FILED July 28 1934 J. A. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jul 28 1934

22. I HEREBY CERTIFY That I attended deceased from July 27 1934 to July 28 1934. I last saw her alive on July 28 1934. Death is said to have occurred on the date stated above, at 2 P. m. The principal cause of death and related causes of importance were as follows:

_____ Date of onset _____

Heart Distraction

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Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____ If so, specify _____ (Signed) J. A. Brown, M. D. (Address) Stockton Mo

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