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

NOV 13 1934

Do not use this space.

File No. 35316
Registered No. 1177

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85
Township: — Primary Registration District No. 1001
City: St. Joseph, (No. 1921 Francis St. St. Ward)

2. FULL NAME Corinne Yeater

(a) Residence, No. 1921 Francis St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: H.W.Yeater

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 22, 1889

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
44	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home.
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): Union Star, Mo.

FATHER

13. NAME: John Livingston
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DeKalb Co., Mo.

MOTHER

15. MAIDEN NAME: Rose Robison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DeKalb Co., Mo.

17. INFORMANT: Mrs. Geneva Yarrington
(ADDRESS) 1921 Francis St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Grant City, Mo. DATE: Nov. 2, 1934

19. UNDERTAKER: Walter Meinhoffer
(ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED 11-1-, 1934 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 31, 1934

22. I HEREBY CERTIFY, That I ~~attended~~ viewed ~~deceased~~ on from Oct. 31, 1934 to, 19
I last saw her alive on, 19. Death is said to have occurred on the date stated above, at 9.30 m. A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonar Hemorrhage	
23A	
23B 23	

Other contributory causes of importance:
Tuberculous of lung

Name of operation: none Date of:
What test confirmed diagnosis? Clin Test 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) Joseph Thomas Coroner, ~~M. D.~~
(Address) 731 Faraon St. St. Joseph, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-24-33