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

Do not use this space.

43685

1. PLACE OF DEATH
County Marion — Registration District No. 548 — File No.
Township ~~Palmyra, Mo.~~ — Primary Registration District No. 4323 — Registered No. 77
City Palmyra (No. ..., ... St. ..... Ward)

2. FULL NAME ~~BEXXX~~ Benjamin Maughs Yeager
(a) Residence, No. Palmyra, Mo. 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: Male
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: Elizabeth Campbell Yeager

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 22, 1872

7. AGE: YEARS 62 — MONTHS 9 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant
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): Marion Co., Mo.

FATHER
13. NAME: John R. Yeager
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Emily Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marion County, Mo.

17. INFORMANT (ADDRESS): Mrs. Elizabeth Yeager, Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Palmyra, Mo. DATE Dec. 6th 1934

19. UNDERTAKER (ADDRESS): Lewis Brothers, Palmyra, Mo.

20. FILED Dec. 6, 1934 Gertrude Lee, *Registrar.*

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 4th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21st, 1934, to Dec. 4th, 1934. I last saw him alive on Dec. 4th, 1934. Death is said to have occurred on the date stated above, at 12:12 A. M.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage (stroke)

Date of onset

Other contributory causes of importance: Lukemia

Name of operation: None — Date of
What test confirmed diagnosis? Clin. 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?
If so, specify
(Signed) Dr. W. C. O'Neal, M. D.
(Address) Hannibal, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.