JUN 1 1935

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

Do not use this space.

13842

File No. 5

Registered No. 5

1. PLACE OF DEATH

County: Perry — Registration District No. 663

Township: St. Marys — Primary Registration District No. 5881

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Floyd H. Yamnitz

(a) Residence, No. Floyd St., ... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8 1896

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
38	4	11	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

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) Perry Co. Mo.

FATHER

13. NAME Ernst H. Yamnitz

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

MOTHER

15. MAIDEN NAME Louise Zoellner

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

17. INFORMANT (ADDRESS) Ernst H. Yamnitz Silver Lake Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Yount Mo. Cemc. DATE April 21 1935

19. UNDERTAKER (ADDRESS) Young & Fenwick Perryville Mo.

20. FILED 4 20 1935 Thy J. Kinnell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-10, 1935, to 4-19, 1935

I last saw him alive on 4-18, 1935. Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Advanced stage	2 yrs.
with cavity formation	
and pleural effusions	

Other contributory causes of importance:

Epilepsy

Name of operation None 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) Oscar A. Carron, M. D.

(Address) Perryville, 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.