

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.

24137

1. PLACE OF DEATH

County Ray Registration District No. 739
 Township Candler Primary Registration District No. 4441
 City Near Candler (No.) St. Ward)

2. FULL NAME

Otis Yallaly
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/26/1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 8 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Farmer
 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) Ray Co (STATE OR COUNTRY) Mo

FATHER 13. NAME Wm Yallaly

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

MOTHER 15. MAIDEN NAME Margent Youngblood

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

17. INFORMANT Margent Yallaly (ADDRESS) Candler Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE South Park Cem DATE 7/27 1935

19. UNDERTAKER C. V. Gibson (ADDRESS) Cruch Mo

20. FILED 7-26 1935 W. W. Burgess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/25 1935

22. I HEREBY CERTIFY, That I attended deceased from June 21 1935, to July 20 1935
 I last saw him alive on July 20 1935. Death is said to have occurred on the date stated above, at 9 P. m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Other contributory causes of importance: None

Name of operation Date of
 What test confirmed diagnosis? Clinical 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) C. V. Gibson M. D.
 (Address) Cruch, Mo.

