

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

Do not use this space.

OCT 28 1935

30400

1. PLACE OF DEATH

County Platte
Township Roubidoux
City Rolla (No.)

Registration District No. 714
Primary Registration District No. 5944

File No. 3A
Registered No. 11
St. Ward

2. FULL NAME

JOHN FLEMONS YORK

(a) Residence, No. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Unmarried</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Esther York</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 4th / 1849</u>		
7. AGE <u>86</u> YEARS	MONTHS <u>7</u>	DAYS <u>10</u>
IF LESS than 1 day, hrs. min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Relief Teacher</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>farm</u>		
10. Date deceased last worked at this occupation (month and year) <u>1928</u>		
11. Total time (years) spent in this occupation <u>Life</u>		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
13. NAME <u>Henry York</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>
15. MAIDEN NAME <u>Betsy Jane Connor</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>

17. INFORMANT (ADDRESS) <u>V. H. York</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Palmer</u> DATE <u>9/15</u>
19. UNDERTAKER (ADDRESS) <u>J. E. Harris</u>
20. FILED <u>10-9-</u> 1935 <u>S. G. Rooney</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>9/14</u> 19 <u>35</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb</u> 19 <u>31</u> , to <u>Sept. 14</u> 19 <u>32</u>
I last saw him alive on <u>June 1</u> 19 <u>35</u> Death is said to have occurred on the date stated above, at <u>9:30 A.M.</u>
The principal cause of death and related causes of importance were as follows: <u>Chronic valvular heart disease</u>
Date of onset <u>92 W</u>
Other contributory causes of importance:
Name of operation <u>Operational</u> Date of <u> </u>
What test confirmed diagnosis? <u>Operational</u> Was there an autopsy? <u>Yes</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 19 <u> </u> Where did injury occur? <u> </u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
Manner of injury <u> </u>
Nature of injury <u> </u>
24. Was disease or injury in any way related to occupation of deceased? <u>Yes</u> If so, specify <u> </u> (Signed) <u>C. G. Talbot</u> , M. D. (Address) <u>Wagonville</u>

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.

