

NOV 13 1935

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

Do not use this space.

33639

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

Colored

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND-OF  
(OR) WIFE OF

John B. Yates

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

June 16 - 1877

7. AGE

YEARS

MONTH

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

18

3

29

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  
occupation12. BIRTHPLACE (CITY OR TOWN),  
(STATE OR COUNTRY)near Edgewood  
Mo

13. NAME

David Yates

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

Va.

15. MAIDEN NAME

Juda Yates

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

Va.

17. INFORMANT  
(ADDRESS)Nellie May Yates  
Bowling Green

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Bowling Green

DATE

Oct 17 35

19. UNDERTAKER

(ADDRESS)

W. B. E. Moore  
Bowling Green Mo

20. FILED

16 10

19 35

W. B. E. Moore  
Registrar

## MEDICAL CERTIFICATE OF DEATH

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

Oct. 15

19 35

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 15

19 35

to

19

I last saw him alive on Oct. 15, 1935. Death is said

to have occurred on the date stated above, at 10 a. m.

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

Apoplexia Cerebralis

Date of onset

Other contributory causes of importance:

Name of operation

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

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)

J. M. Williams

M. D.

(Address)

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.

