

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

Do not use this space.

NOV 29 1935

38299

1. PLACE OF DEATH

County Stoddard
Township _____
City Dexter (No. _____) St. _____ Ward _____

Registration District No. 838
Primary Registration District No. 4509

File No. 203
Registered No. _____

2. FULL NAME

(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 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 Nola G. Yeager

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 5 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>66</u>	<u>6</u>	<u>28</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.	<u>Farmer</u>
	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) Pike Co. Ind.

13. NAME Elias H. Yeager

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

15. MAIDEN NAME Sarah Farmer

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

17. INFORMANT Mrs. Gies Yeager

(ADDRESS) Dexter, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Dexter Cemetery DATE Nov - 5 - 1935

19. UNDERTAKER Blanshing Buckland

(ADDRESS) Dexter Mo.

20. FILED 11-10 1935 Allice L. Norman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 3 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan - 1 - 1933, to Nov - 3 - 1935
I last saw him alive on Nov - 1 - 1935. Death is said to have occurred on the date stated above, at 10.9 a.m.

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

Intracranial hemorrhage (Hemiplegia) Date of onset _____

Other contributory causes of importance: Arterio-sclerosis, Chronic Nephritis, Hypertension

Name of operation none 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) Frank Lubber M. D.
(Address) Dexter 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.

