

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

Do not use this space.

APR 15 1936

1. PLACE OF BIRTH

County Buchanan
Township Washington
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001

File No. 9393
Registered No. 399
St. Ward

2. FULL NAME

(a) Residence, No. DANIEL YAGER
(Usual place of abode) 6433 King Hill

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>Wht.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>ARMANDA YAGER</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 27 1858</u>		
7. AGE <u>78</u>	YEARS <u>3</u>	MONTHS <u>13</u>
		DAYS <u>13</u>
		If LESS than 1 day, hrs. or min.

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)
DEKALB, Mo.

13. NAME
JOHN YAGER

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

15. MAIDEN NAME
ELLEN MELCHER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
GERMAN Y

17. INFORMANT
(ADDRESS)
ARMANDA YAGER

18. BURIAL, CREMATION, OR REMOVAL
PLACE ASHLAND DATE MAR. 14, 1936

19. UNDERTAKER
(ADDRESS)
FLEEMAN & SON, INC.

20. FILED 3-13 1936 John M. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 7 1936 to Mar 12 1936
I last saw h. i. m. alive on Mar 12 1936. 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:

Chronic Myocarditis Date of onset 1935

Other contributory causes of importance:
Coronary Arterio-sclerosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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) Th. A. Robertson, M. D.
(Address) St. Joseph 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.

