

APR 23 1936

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

Do not use this space.

11052

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Law Primary Registration District No. 1002  
City Hannover City (No. 2841 Brooklyn) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1120

2. FULL NAME

Henry Yeager  
(a) Residence, No. 2841 Brooklyn 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20, 1882

7. AGE YEARS 54 MONTHS 2 DAYS 26 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Hotel

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Man

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) Germany

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT John F. Yeager (ADDRESS) 8225 Linden

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Washington DATE Mar 31, 1936

19. UNDERTAKER Wagner Funeral Home (ADDRESS) 204 W. Lincolnwood

20. FILED Mar 30, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-22, 1936, to 3-28, 1936

I last saw him alive on 3-28, 1936 Death is said

to have occurred on the date stated above, at 5:00 p. m.

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

Tuberculosis  
Ryft side  
108

Other contributory causes of importance: Arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis to be Was there an autopsy? 0

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) W. M. See, M. D.

(Address) 967 Argyle

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.

Mr. Walter C. Miller

Argyle Bldg.

V 1-9878

304 E 12th

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