

APR 11 1936

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003** File No. **12981**
City **St. Louis** (No. **1003**) **Parris Ave. Yards, R. I. R. R.** Registered No. **3048**
St. Ward

2. FULL NAME

(a) Residence, No. **2012 E. Warme Ave. St.** 9 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Hannie Yancey (Hamilton)		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30. 1888		
7. AGE	YEARS 48	MONTHS 1
	DAYS 18	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Switching Foreman	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rock Island R.R.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
	13. NAME James L. Yancey
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
	15. MAIDEN NAME Isabelle Sams
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
	17. INFORMANT (ADDRESS) Mrs. Hannie Yancey 2012 E. Warme Ave.
	18. BURIAL, CREMATION, OR REMOVAL PLACE Cape Girardeau Mo DATE Mar 23 1936
19. UNDERTAKER (ADDRESS) Math. Bernard & Son 1111 East Fair Ave.	
20. FILED MAR 20 1936	REGISTRAR J. F. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 19 1936**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **5:15 P. m.**

The principal cause of death and related causes of importance were as follows:
Fractured sternum + ribs, Ruptured liver, lacerated stomach, intestines + spleen, deep wound run over by run over by coal car while switching.

Other contributory causes of importance
Public Place

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? **Accid.** Date of injury **3/18/36**
Where did injury occur? **St. Louis Mo**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. **Public Place**

Manner of injury **overboard**
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **yes**
If so, specify.....
(Signed) **Spaul Down** M. D.
(Address) **3706 36**

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

