

APR 27 1936

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

Do not use this space.

13614

1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall, Mo. (No. E. Vest)

Registration District No. 796
Primary Registration District No. 3038

File No.
Registered No. 58
St. Ward)

2. FULL NAME

Rufus Arthur Yorkham
(a) Residence, No. E. Vest, 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 colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edith Gibson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20, 1889
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 7 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Saline Co. Mo.13. NAME Louis W. Yorkham14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co. Mo.15. MAIDEN NAME Louis W. Yorkham16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co. Mo.17. INFORMANT Mrs. Louis W. Yorkham (ADDRESS) Marshall, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Rock creek Co. Mo. DATE May 9, 193619. UNDERTAKER Decker & Sons (ADDRESS) Marshall, Mo.20. FILED Mar 9, 1936 Alby Newton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-8 193622. I HEREBY CERTIFY, That I attended deceased from 3-4 1936 to 3-8 1936I last saw him alive on 3-7 1936 Death is said to have occurred on the date stated above, at 1 A. m.

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

Lower Pneumonia Date of onset 3/1/36Other contributory causes of importance: Influenza

Name of operation..... Date of.....

What test confirmed diagnosis: Culture 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) Alby Newton, M. D.(Address) Marshall, Mo.

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.

