

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

Do not use this space.

14011

MAY 15 1936

1. PLACE OF DEATH

County Bates Registration District No. 50
Township _____ Primary Registration District No. 3004
City Butler (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Mrs Margaret Clara Yates

(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 <u>female</u>	4. COLOR OR RACE <u>white</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>W. W. Yates</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 16, 1882</u>		
7. AGE	YEARS	MONTHS
	<u>74</u>	<u>2</u>
		DAYS
		<u>12</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>housewife</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) Columbus
(STATE OR COUNTRY) Ohio

13. NAME Richard F. Williams

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

15. MAIDEN NAME Sarah Sells

16. BIRTHPLACE (CITY OR TOWN) Columbus
(STATE OR COUNTRY) Ohio

17. INFORMANT W. W. Yates
(ADDRESS) Butler Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dick Hill DATE May 1, 1936

19. UNDERTAKER Culver
(ADDRESS) Butler Mo

20. FILED May 1, 1936 Norm E. Culver
Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1935 to April 28, 1936

I last saw her alive on April 28, 1936 Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Muscular Fibriillation
Carcinoma Stomach

Other contributory causes of importance:
Muscular Fibriillation
Carcinoma Stomach

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

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? _____

If so, specify Carter & Luter, M. D.
(Signed) _____
(Address) Butler, Mo.

WRITE 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.

