

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

Do not use this space.

MAY 15 1936

1. PLACE OF DEATH

County Adair
Township Edway
City (No.)

Registration District No. 1023
Primary Registration District No. 5006

File No. 18431
Registered No. 93
.....St.Ward)

2. FULL NAME Mimmie E. Yantis

(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>F</u>	4. COLOR OR RACE <u>W</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>S. J. Yantis</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-27-1865</u>				
7. AGE	YEARS <u>71</u>	MONTHS <u>3</u>	DAYS <u>4</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>Home</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) Illinois

13. NAME David Hiler

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

15. MAIDEN NAME Lucindia Beams

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

17. INFORMANT S. J. Yantis
(ADDRESS) W. Nashville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellmather's Cent DATE May 3 1936

19. UNDERTAKER Doc Riley
(ADDRESS) W. Nashville Mo

20. FILED May 5 1936 Spencer Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-1- 1936

22. I HEREBY CERTIFY, That I attended deceased from April 12 1936 to April 30 1936
I last saw her alive on April 30, 19..... Death is said to have occurred on the date stated above, at 2:45 a.m.

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

Chronic interstitial Nephritis
Date of onset 34

Other contributory causes of importance: 13

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? no

If so, specify

(Signed) M. J. Kennedy, M. D.

(Address) 17 Nashville Mo

R.F.D. 3

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.

