

AUG 18 1936

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

Do not use this space.

791  
1008

28561

1. PLACE OF DEATH

County .....  
Township .....  
City ..... (No. ....)

Registration District No. ....  
Primary Registration District No. ....  
City Hospital # 2

File No. ....  
Registered No. 7326  
St. .... Ward)

2. FULL NAME

Lela Yates

(a) Residence, No. 1233 N 9th St. 25 Ward.

(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 <i>Female</i>	4. COLOR OR RACE <i>Cal</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Albert Yates</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 10 - 1896</i>				
7. AGE YEARS <i>40</i>	MONTHS <i>3</i>	DAYS <i>2</i>	If LESS than 1 day, ..... hrs. or ..... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>			
	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) <i>Clarks Dale MISSOURI</i>				
MOTHER	13. NAME <i>Orange Clay</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>			
	15. MAIDEN NAME <i>Lila Carpenter</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>			
17. INFORMANT <i>Veral Yates</i> (ADDRESS) <i>1233 N 9th St</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Washington Park</i> DATE <i>7-18</i> 1936				
19. UNDERTAKER <i>W. Richardson</i> (ADDRESS) <i>2100 N. Taylor St</i>				
20. FILED <i>JUL 16 1936</i> 19 <i>W. Brebeck</i> Registrar.				

*No Physician in Attendance*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-12* 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 *2 P.m.*

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

*Chronic Myocarditis  
Acute Aortic Aneurysm  
Acute Cirrhosis Liver*

Date of onset

Other contributory causes of importance:  
*3H*

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? *Y*

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 .....  
(Signed) *W. Brebeck*, M. D.  
(Address) *Dept. Cause*

*7/16/36*

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.

