SEP 21 1938

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

Do not use this space.

File No. 30227

Registered No.

**1. PLACE OF DEATH**

County: Cass

Township:

City: Harrisonville (No. , St. , Ward)

Registration District No. 156

Primary Registration District No. 4090

**2. FULL NAME** Ernest Burl Yeargain

(a) Residence, No. , St., Ward. Perry Nebr
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 1 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): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Myrtle Sanders Yeargain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 18 1911

7. AGE: Years 25 | Months 6 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

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): Benton County Arkansas

FATHER

13. NAME: James Pearl Yeargain

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Benton County Arkansas

MOTHER

15. MAIDEN NAME: Dora Wilkerson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Benton County Arkansas

17. INFORMANT (ADDRESS): Dora Oliver Perry Nebraska

18. ~~BURIAL, CREMATION,~~ OR REMOVAL PLACE: Perry, Neb. DATE: 8/14 1936

19. UNDERTAKER (ADDRESS): Rannenberg Bros Co Harrisonville Mo

20. FILED: Aug 14 1936 E. M. Griffith Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 13 1936 to Aug 14 1936

I last saw him alive on 7 P.M. 8/13 1936 Death is said to have occurred on the date stated above, at 7:30 am.

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

| | Date of onset |
|---|---|
| Fracture of right temporal bone | |
| Depressing in a hemorrhage in brain | |

Other contributory causes of importance:

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? Accident Date of injury Aug 13 1936

Where did injury occur? Near Belton Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Along side of highway 71

Manner of injury: Boat tip by big wave

Nature of injury: Fracture of skull of head

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify:

(Signed) E. M. Griffith M. D.

(Address) Harrisonville Mo

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.

WHITE PAPER, WITH CARBONS INTERLEAVED. ONE COPY IS A PERMANENT RECORD

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