

SEP 23 1936

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

Do not use this space.

30679

1. PLACE OF DEATH

County Henry
Township Windsor
City Windsor (No. 14)

Registration District No. 421
Primary Registration District No. 421

File No. 25
Registered No. 25
St. Mo. Ward 1

2. FULL NAME Sarah A. Yankee

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

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 <u>Walter Yankee</u> (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 19, 1869</u>		
7. AGE <u>67</u>	YEARS <u>3</u>	MONTHS <u>19</u>
DAYS <u>19</u>		If LESS than 1 day, <u> </u> hrs. or <u> </u> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home Maker</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
	10. Date deceased last worked at this occupation (month and year) <u> </u>
	11. Total time (years) spent in this occupation <u> </u>

12. BIRTHPLACE (CITY OR TOWN) Pettis County
(STATE OR COUNTRY) Missouri

13. NAME John Elliott
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

17. INFORMANT Raymond Yankee
(ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Antioch, Pettis County, Missouri
DATE August 14th 1936

19. UNDERTAKER Huston-Turner
(ADDRESS) Windsor, Missouri

20. FILED 8-14 1936
J. J. Jennings
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 13th 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 1936, to Aug 13 1936
I last saw her alive on Aug 7 1936. Death is said to have occurred on the date stated above, at 4:00 A. M.
The principal cause of death and related causes of importance were as follows:

Gastric cancer
Intestines
4th

Other contributory causes of importance:
Apoplexy
none

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no

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) J. J. Jennings M. D.
(Address) Windsor, Mo.

