

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

Do not use this space.

SEP 24 1936

1. PLACE OF DEATH

County Washington Registration District No. 420
Township Kingston Primary Registration District No. 3022
City Credit River (No. 6187)

File No. 33473
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Sarah Jennie Yates
(a) Residence, No. Credit R.R. 1 Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 90 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. W. Yates

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-8-1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 9 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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) Washington Mo

MOTHER FATHER 13. NAME George Deanna

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Mo

MOTHER 15. MAIDEN NAME May Palitta

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Mo

17. INFORMANT W. W. Yates (ADDRESS) R. R. 1 Credit

18. BURIAL, CREMATION, OR REMOVAL PLACE Marion DATE Aug 27 1936

19. UNDERTAKER Mo Thersford (ADDRESS) 2222 Mo

20. FILED Aug 27 1936 May Pendergast Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug-24, 1936, to Aug-26, 1936.
I last saw him alive on Aug-24, 1936. Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:
Aug-24-1936
Heart exhaustion
acute gastritis
Date of onset Aug 24-36

Other contributory causes of importance: none

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

23. If death was due to external causes (holopne), 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) Hattie Gibson, M. D.
(Address) De Soto 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 PEARLINE, WITH UNFADING INK--THIS IS A PERMANENT RECORD

1 X-724

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

10/10/1977

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

Do not use this space.

1. PLACE OF DEATH

County Washington

Registration District No. 976

File No.

Township Kingston

Primary Registration District No. 6187

Registered No.

City (No.)

St. Ward)

2. FULL NAME

Sarah Jean 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	IF LESS than day, hrs. or min.
	<u>39</u>	<u>9</u>	<u>18</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED 8-24 19 34 Char. Martin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22 1934

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at m.

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

Heat exhaustion
acute gastritis
Cause unknown

Date of onset

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? 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) Willie E. Gibson M. D.

(Address) Alle Pato

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.

S-33473