DEC 18 1936

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

Do not use this space.

37258

1. PLACE OF DEATH

County Franklin — Registration District No. 287 — File No.

Township Clay — Primary Registration District No. 5405 — Registered No. 37

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Lana Annie Yarbrough

(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 (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 16 – 1906

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
29	9	24	

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) Ark

FATHER

13. NAME R L Kirby

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

MOTHER

15. MAIDEN NAME Alla Ward

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

17. INFORMANT (ADDRESS) Nolla W Yarbrough

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cu de Amiens DATE Oct 10 36

19. UNDERTAKER (ADDRESS) McDaniel Funeral Service Sinaloa Mo

20. FILED 11-30 1936 E. G. Cope Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1936, to Oct 10, 1936

I last saw her alive on Oct 9, 1936 Death is said to have occurred on the date stated above, at 2 15 a.m.

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

	Date of onset
Eclampsia	Oct 8-36

Other contributory causes of importance:

Emeric Poison
Kidneys Inactive

Name of operation C Date of O

What test confirmed diagnosis? C Was there an autopsy? C

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? C Date of injury C, 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 O

Nature of injury C

24. Was disease or injury in any way related to occupation of deceased? O

If so, specify

(Signed) F H Spindler, M. D.

(Address) Sinaloa Mo

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CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County Dunklin Registration District No. 287 File No.
Township Clay Primary Registration District No. 5425 Registered No.
City (No. St. Ward)

2. FULL NAME Laura Annie Yarbrough
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	M

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 1 day, hrs. min.
	29	9	24	

OCCUPATION
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
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 1-14, 1937 E G Cope Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10, 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 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Eclampsia	
pneumonia	

Other contributory causes of importance:
Euramie, Poison
Kidney inactive

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) F. H. Speidel, M. D.
(Address) Senath Mo

SUPPLEMENTARY

S-37258