

JAN 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Wright
Township Gasconade
City (No.) (St.) (Ward)

Registration District No. 906
Primary Registration District No. 10221

File No. 43629
Registered No. 50

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 80 yrs. 0 mos. 0 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 7 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 7 7

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) Nov 4, 1936 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co Arkansas

13. NAME William Shaver

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

15. MAIDEN NAME Elizabeth Johnson

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

17. INFORMANT Laura Newkirk (ADDRESS) Manassett Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Grove Cem DATE Nov 7 1936

19. UNDERTAKER H. A. Steffe (ADDRESS) Manassett Mo

20. FILED Nov 12 1936 Quilin Edlin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1936, to Nov 4, 1936

I last saw her alive on Nov 4 9:40 1936. Death is said to have occurred on the date stated above, at 9:40 a.m.

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

Cerebral Hemorrhage Date of onset Nov 4 36

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) J. A. Fuson, M. D.

(Address) Manassett Mo

