

FEB 25 1937

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

Do not use this space.

1704

1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No. \_\_\_\_\_

Township Kaw

Primary Registration District No. 1002

Registered No. \_\_\_\_\_

City Kansas City, Mo. No. 4600, Mill Creek Pkway St. 1 Ward

2. FULL NAME Hollie Thurman Yeaton

(a) Residence, No. 4600 Mill Crk Pkway Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/28, 1937.

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

22. I HEREBY CERTIFY, That I attended deceased from May, 1935, to 4/28, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5 1858

I last saw her alive on 4/28, 1937 Death is said to have occurred on the date stated above, at 10:30 a.m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 78 7 23

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

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 2

Cardiac Insufficiency 1936  
(Hypertrophy & Dilatation)  
Other contributory causes of importance:  
Arterio-sclerosis  
Hypertension 1935

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sidney Iowa

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

13. NAME H. C. Thurman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Kent.

15. MAIDEN NAME Amanda Donovan

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

17. INFORMANT (ADDRESS) Mrs. Geo. G. Gordon

18. BURIAL, CREMATION, OR REMOVAL PLACE Jan 30 DATE 1937

19. UNDERTAKER (ADDRESS) Yeaton, Bevel & Bowman

20. FILED Jan 28 1937 Registrar M. M. Chow

23. If death was due to external cause (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) Clark H. Bachinger M.D.  
(Address) 1500 Professional Bldg  
Kansas City Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE NECESSARY.

