

JAN 22 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

2539

1. PLACE OF DEATH

County Pettis

Township

City Sedalia

Registration District No.

Primary Registration District No.

(No. Bothwell Hospital)

File No.

Registered No.

St.

Ward

2. FULL NAME

Roy K. Yowell

(a) Residence, No.

(Usual place of abode)

1405 So. Carr

St.

Ward.

(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

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFBessie

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

Oct. 22, 1893

7. AGE

YEARS

44

MONTHS

2

DAYS

17If LESS than 1
day, ... hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Barber9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mo.

FATHER

13. NAME

J. K. Yowell14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mo.

MOTHER

15. MAIDEN NAME

Annie Edwards16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mo.17. INFORMANT
(ADDRESS)Mrs. Roy Yowell
Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crown HillDATE Jan. 12, 193719. UNDERTAKER
(ADDRESS)Gillespie Funeral Home
Sedalia, Mo.

20. FILED

1-121937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Nov 12, 1936 to Jan 9, 1937I last saw him alive on Jan 9, 1937 Death is saidto have occurred on the date stated above, at 7:30 P.M.

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

Acute Dilatation of Heart

Other contributory causes of importance:

Cardio NephritisName of operation None Date ofWhat test confirmed diagnosis? Findings 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, 19Where 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. B. Carlisle M.D.
Sedalia Mo

(Address)

11/2/37

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.

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

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FEB 18 1937

1. PLACE OF DEATH

County Pettis
Township Sedalia
City Sedalia

Registration District No. 668
Primary Registration District No. 3932
(No. Bothwell Hosp)

File No. 7
Registered No. 668
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1405 1/2 E. Ave St. Mo
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22 - 1892
7. AGE YEARS 44 MONTHS 2 DAYS 17 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper
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

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) Mo
13. NAME J. K. Howell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
15. MAIDEN NAME Edwards
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs Ray Howell Sedalia
18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Jan 12 - 37

19. UNDERTAKER (ADDRESS) Bellespie J. Horne Sedalia
20. FILED 1-12-37 Jean Slack Registrar

MEDICAL CERTIFICATE OF DEATH

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Cardio Nephritis
Other contributory causes of importance:
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Name of operation None Date of _____
What test confirmed diagnosis? Findings Was there an autopsy? _____

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Specify whether injury occurred in industry, in home, or in public place.

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Nature of injury _____

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(Signed) J. B. Carlisle, M. D.
Sedalia Mo

1/12/37

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