

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.

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

Do not use this space.

MAR 16 1937

1. PLACE OF DEATH

County Butler
Township _____
City Poplar Bluff (No. _____, _____ St. _____ Ward)

Registration District No. 89
Primary Registration District No. 3007

File No. 5230
Registered No. 67

2. FULL NAME

Edith Fern Yarbro
(a) Residence, No. Kennett, Missouri St. _____ Ward. _____
(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. (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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 24, 1913

7. AGE YEARS 23 MONTHS 2 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

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. Shirt factory
10. Date deceased last worked at this occupation (month and year) February 20, 1937 11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Dewitt Edward Schrum

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

15. MAIDEN NAME Lily Abridgail Jackson

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

17. INFORMANT Mrs. Myrtle Vance
(ADDRESS) Arbyrd, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Kennett, Mo DATE 2/22 1937

19. UNDERTAKER Levitz Undertaking
(ADDRESS) Kennett, Mo.

20. FILED 2/22 1937 Chittenger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 22, 1937, to February 22, 1937
I last saw her alive on February 22, 1937. Death is said to have occurred on the date stated above, at 1:20 P.M.
The principal cause of death and related causes of importance were as follows:

Shock Date of onset 2/22/37
Hemorrhage

Other contributory causes of importance: Internal injuries, concussion, extensive lacerations of scalp, ankle, legs, knees, severance of toes, left foot.

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? accident Date of injury 2/21/37
Where did injury occur? Campbell, Missouri
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Struck by train
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) E. L. Qualls, M. D.
(Address) Poplar Bluff, Missouri

