

FEB 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Pulaski

Registration District No. 711

Township Union

Primary Registration District No. 5940

City _____ (No. _____)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

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

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

Mattha Yarrington

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

12-3-1854

7. AGE

YEARS

82

MONTHS

2

DAYS

6

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

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)

Penn.

13. NAME

Andrew Jackson Yarrington

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

Unknown

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

Genevieve Yarrington

18. BURIAL, CREMATION, OR REMOVAL

PLACE Dixon

DATE Feb 11

1937

19. UNDERTAKER (ADDRESS)

Fred N. Gilberth
Dixon, Mo.

20. FILED

Feb 15, 1937

A. S. Dick

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Feb 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 8th, 1937, to Feb 9th, 1937

I last saw him alive on Feb 8th, 1937. Death is said

to have occurred on the date stated above, at 8 A.M.

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

Chronic Interstitial Myocarditis
Influenza

Date of onset

Other contributory causes of importance: 3

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)

(Address)

DR. K. W. Milligan
Dixon, Mo.

