APR 8 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 9432
Township Kaw — Primary Registration District No. 100 — Registered No. [illegible]
City Kansas City (No. St. Luke's Hospital St. Ward)

2. FULL NAME J. Clifford Yorty
(a) Residence, No. St., Ward. Pleasant Hill, Mo.
(Usual place of abode) (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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Marjorie Yorty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 9, 1907

7. AGE: YEARS 29 — MONTHS 7 — DAYS 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Poultry Man
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): Washington

FATHER
13. NAME: William Yorty
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wisconsin

MOTHER
15. MAIDEN NAME: Mary Whitlatch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): E. C. Booth, Pleasant Hill, Missouri

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Bellingham, Wash. DATE Mch 8, 1937

19. UNDERTAKER (ADDRESS): Stine & McClure, 3235 Gillham Plaza

20. FILED Mch 5, 1937 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1937, to March 2, 1937
I last saw him alive on March 1, 1937 Death is said to have occurred on the date stated above, at 4:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma - retroperitoneal	6 mos

Other contributory causes of importance:
Lymphosarcoma
Cachexia

Name of operation Laparotomy Date of Feb 25th 37
What test confirmed diagnosis? Biopsy Was there an autopsy? no

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? no
If so, specify
(Signed) G. E. Knoffenberger, M. D.
(Address) 934 Argyle Bldg Kansas City, Mo.

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.

Vr 8227 argyle Bldg.