

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

**APR 15 1937**

1. PLACE OF DEATH  
 County Audrain Registration District No. 26  
 Township Salt River Primary Registration District No. 3002  
 City Mexico (No. 1) Kings Daughter Home St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Laura L. Yarnall  
 (a) Residence, No. Kings Daughters Home St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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.

File No. 11011  
 Registered No. 44

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 Arthur L. Yarnall  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1857  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
79 8 2  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home for Aged Women  
 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) Virginia  
 13. NAME Armenius Daniel  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.  
 15. MAIDEN NAME Julia Ann Batterson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.  
 17. INFORMANT Records Of Kings Daughters Home (ADDRESS) Mexico, Missouri  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Rock Hill Church DATE 3/20/37 19.  
 19. UNDERTAKER Chas. Amold Jr. (ADDRESS) Mexico, Missouri  
 20. FILED Mar 19, 1937 Blanche Neely Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1937  
 22. I HEREBY CERTIFY, That I attended deceased from Feb. \_\_\_\_\_, 1937 to Mar. 18, 1937, 19\_\_\_\_  
 I last saw her alive on Mar. 18, 1937, 19\_\_\_\_ Death is said to have occurred on the date stated above, at 4:10 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Degenerative Myocarditis Date of onset 5 years  
Hypertension Cardiac Vasculopathy Generalized Arteriosclerosis  
 Other contributory causes of importance:  
None  
 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? No  
 If so, specify \_\_\_\_\_ (Signed) Harry F. O'Brien, M. D.  
 (Address) 1115. Manual Medicine

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.

THE UNIVERSITY OF CHICAGO  
LIBRARY