

APR 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Howard

Registration District No. 276

Township Amurong

Primary Registration District No. 4220

City Amurong (No. _____) St. _____ Ward _____

File No. 12070

Registered No. _____

2. FULL NAME Rebecca Jane Yancy

(a) Residence, No. _____ 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. da.

How long in U. S., if of foreign birth? yrs. mos. da.

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 (OR) WIFE OF Lighton Yancy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25 - 1861

7. AGE

YEARS 75

MONTHS 5

DAYS 7

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

OCCUPATION

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

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) Cambridge (STATE OR COUNTRY) Indiana

13. NAME Edward Nelson

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

15. MAIDEN NAME Rebecca Patton

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

17. INFORMANT (ADDRESS) T. J. Buckley
Stearns

18. BURIAL, CREMATION, OR REMOVAL

PLACE Old Chapel DATE 3-3-37

19. UNDERTAKER (ADDRESS) W. M. Dickerson

20. FILED 3/3 1937 W. M. Dickerson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1937, to March 17 1937

I last saw her alive on Mar 17 1937 Death is said

to have occurred on the date stated above, at 10 15 m.

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

Date of onset

Cerebral Embolism 3/4/37

Other contributory causes of importance: 93

Chronic Myocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) W. M. Dickerson, M. D.

(Address) Amurong, Miss

