

MAY 31 1937

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

Do not use this space.

17800

1. PLACE OF DEATH

County Sullivan
Township Winigan
City Winigan (No.)

Registration District No. 849
Primary Registration District No. 6125

File No.
Registered No. 26 (St. Ward)

2. FULL NAME Elizabeth Eleanor Yoakum

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27, 1852

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>25</u>	<u>85</u>	<u>10</u>	<u>29</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. On Farm

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) Browning Missouri13. NAME George Long14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City New York15. MAIDEN NAME Mary Ann Crist16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know17. INFORMANT (ADDRESS) Emma Moffitt Winigan, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Winigan Cemetary DATE April 27, 193719. UNDERTAKER (ADDRESS) Glenn E. Kent Green City, Missouri20. FILED May 8, 1937 Virginia Eibers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 26, 193722. I HEREBY CERTIFY, That I attended deceased from Apr. 17, 1937, to Apr. 21, 1937

I last saw her alive on Apr. 21, 1937 Death is said to have occurred on the date stated above, at 12 A.M. Apr. 26, 1937
The principal cause of death and related causes of importance were as follows:

Respiratory paralysis due to cerebral arteriosclerosis involving pulmonary area plus cerebral thrombosis.

Date of onset

Other contributory causes of importance:

Cardio-renal-vascular system associated with hypertension.

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) Dr. James L. Reid, M. D.
(Address) Winigan, 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.

