

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

Do not use this space.

**JUN 12 1937**

18897

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City K. C. Mo. (No. St. Mary's Hospital)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Joseph M. Yeager

(a) Residence, No. 1619 Genesee 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
77 6 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor of  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Westend Hotel  
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) Cynthiana, Kentucky

13. NAME Tobias Yeager

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

15. MAIDEN NAME Unknown

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

17. INFORMANT John J. Yeager (ADDRESS) 3225 Summit

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE May 6 1937

19. UNDERTAKER Wagner Funeral Home (ADDRESS) 204 W. Linwood

20. FILED May 4 1937 M. M. Brome Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1937 to May 3, 1937  
I last saw him alive on 4-3-37 Death is said to have occurred on the date stated above, at 8:35 pm

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

Pneumonia chronic  
Refractionary Tuberculosis  
Chronic myocarditis  
Other contributory causes of importance: arteriosclerosis

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. Micee M. D.  
(Address) 800 Argyle

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.

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OCCUPATION

MOTHER FATHER

Va 9878