JUN 22 1937

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

Do not use this space.

20188

1. PLACE OF DEATH
County Holt — Registration District No. 372 — File No.
Township — Primary Registration District No. 4268 — Registered No. 914
City Mound City (No. , St. Ward)

2. FULL NAME Lucy Mary Ellen Yates
(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: 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: William Yates.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 26 1861

7. AGE: YEARS 76 — MONTHS 4 — DAYS 14 — If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME: William Gillespie
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virg.

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

17. INFORMANT (ADDRESS): Wm Yates, Mound City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mound City DATE May 11 1937

19. UNDERTAKER (ADDRESS): M Crawford, Mound City Mo.

20. FILED May 7 1937 J. O. Tracy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937, to May 10, 1937
I last saw her alive on May 9, 1937. Death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis

Date of onset

97

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Physical 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) D. S. Perry, M. D.
(Address) Mound City Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.