

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

Do not use this space.

NOV 18 1937

36865

1. PLACE OF DEATH

County Jackson
Township Russ
City Kennett

Registration District No. 398
Primary Registration District No. 1037

File No. _____
Registered No. 6234
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1216 E 28 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. H. Yocum
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 12 - 1855
7. AGE YEARS 82 MONTHS 7 DAYS 11 If LESS than 1 day,hrs. ormin.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23 1937
22. I HEREBY CERTIFY, That I attended deceased from Sept 16 1937, to Oct 23 1937.
I last saw her alive on Oct 23 1937. Death is said to have occurred on the date stated above, at 1 P. m.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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 _____

Date of onset

93C
Brachio Pneumonia

Other contributory causes of importance:

Old Myocardial
Auricular Fibrillation

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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? _____
If so, specify _____
(Signed) W. Cooney, M. D.
(Address) 708 W 17th St.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo N. Y.
13. NAME Louis P. Myers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Lusy Messenger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Conn.
17. INFORMANT Clara Yocum
(ADDRESS) 1216 E 28
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Oct 25 1937
19. UNDERTAKER Clyde Funeral Home
(ADDRESS) 42 E. Cross
20. FILED 10-25 1937 M. M. Crowe, reg.
Registrar.

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.

