NOV 20 1937

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

Do not use this space.

38317

File No. 10

Registered No. 1278

1. PLACE OF DEATH

County New Madrid — Registration District No. 5-5-[illegible]

Township Anderson — Primary Registration District No. 4033

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Oliver Ray Yoder

(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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8-1937

7. AGE: Years ..... Months 2 Days 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Tuttle Okla.

FATHER

13. NAME Elmer Yoder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mitchell Kan.

MOTHER

15. MAIDEN NAME Ressie Godfrey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Ark.

17. INFORMANT Mrs. Elmer Yoder
(ADDRESS) Gideon Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Malden Mo DATE 10-27 1937

19. UNDERTAKER W. L. Craig
(ADDRESS) Gideon Mo

20. FILED 10-27 1937 M O Murphy
Nov 10 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 1937 to Oct 26 1937

I last saw him alive on Oct 26 1937. Death is said to have occurred on the date stated above, at 7:45 p.m.

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

Ellis colitis. Oct 19/27

Date of onset

119B

Other contributory causes of importance Milk sickness from Mother with Malaria fever.

Name of operation none Date of ✓

What test confirmed diagnosis? Dy 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) Gordon Carlton, M. D.

(Address) Malden

A. B. C. 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.