

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

NOV 23 1937

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

Do not use this space.

38629

2  
1

1. PLACE OF DEATH

County St. Charles  
Township St. Charles  
City St. Charles (No. ....)

Registration District No. 757  
Primary Registration District No. 3036

File No. ....  
Registered No. 172  
St. 1 Ward

2. FULL NAME James Yeater

(a) Residence, No. 2 Liberty, Mo. St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 21 1864

7. AGE YEARS 72 MONTHS 10 DAYS 23 IF LESS than 1 day, .... hrs. or .... min.

OCCUPATION 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

12. BIRTHPLACE (CITY OR TOWN) Warren Mo (STATE OR COUNTRY)

MOTHER 13. NAME Jackson Flater

14. BIRTHPLACE (CITY OR TOWN) Warren Mo (STATE OR COUNTRY)

15. MAIDEN NAME Mary Updegraves

16. BIRTHPLACE (CITY OR TOWN) Warren Mo (STATE OR COUNTRY)

17. INFORMANT J Yeater (ADDRESS) St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Central Home DATE Oct 17 1937

19. UNDERTAKER W. B. Bradley (ADDRESS) St. Louis Mo

20. FILED 10/14 1937 Clarence E. Neesler Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 1937, to Oct 14 1937. I last saw him alive on Oct 14 1937. Death is said to have occurred on the date stated above, at 6:40 p.m.

The principal cause of death and related causes of importance were as follows:  
Urterial & Kidney Stones  
Per Nephritic Azem  
Multiple Kidney Abscess  
Mediastinitis  
Resistent Pleural Effusion  
Other contributory causes of importance:  
General Coarctation  
Emphysema

Date of onset 11 yrs ago  
? ?  
?

Name of operation hephestomy Date of 9-29-37  
What test confirmed diagnosis? flu Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) B. L. Neufelder M. D.  
(Address) St. Charles, Mo

