

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

Do not use this space.

JAN 19 1938

1. PLACE OF DEATH

County Jackson

Registration District No. 398

File No. 45584

Township Independence Mo.

Primary Registration District No. 3019

Registered No. 422

City Independence Mo.

St. _____ Ward _____

2. FULL NAME Fred John Yarrick

(a) Residence, No. 110 So Liberty St. _____ Ward _____

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26-1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____

I last saw h. By coroner alive on _____, 19____ Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 25-1895

to have occurred on the date stated above, at 7:10 p.m.

7. AGE YEARS 42 MONTHS 8 DAYS 11 If LESS than 1 day, _____ hrs. _____ min.

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

Gunshot wound Abdomen (Date of onset _____)

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

Hemorrhage

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Yipes Bonds

Shod.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: 112

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

Name of operation Laparotomy Date of 12-26-37

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

13. NAME Frank Yarrick 10

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Minnie Schmidt

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

17. INFORMANT Elizabeth Yarrick

18. BURIAL, CREMATION, OR REMOVAL PLACE Walden Cem. DATE Dec. 28 1937

19. UNDERTAKER Cato E. Sparks Funeral Home

20. FILED 12-28-37 H. L. Cook Registrar.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? homicide Date of injury 12-26-1937

Where did injury occur? Independence, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. 129 E. Lexington - Hogan Cafe

Manner of injury Robbery with fire arm

Nature of injury Gunshot wound Abdomen

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify _____

(Signed) J. H. Stoner, M. D.

(Address) Walden

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.

