

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

Do not use this space.

1. PLACE OF DEATH  
 County Cape Registration District No. 121  
 Township Cape Primary Registration District No. 3009  
 City Cape Girardeau Mo. (No. 32 S. Spanish) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Walter G. Yates 32.0  
 (a) Residence, No. 32 S. Spanish ST. 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.

File No. 2277  
 Registered No. 4

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
86      8      0

OCCUPATION

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

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

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

12. BIRTHPLACE (CITY OR TOWN) Cleveland  
 (STATE OR COUNTRY) Ohio

MOTHER FATHER

13. NAME Walter Yates Sr.  
Dont Know

14. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Dont K now  
Dont Know

16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Lucy Yates  
 (ADDRESS) Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmont Cem. DATE 1/6/1938

19. UNDERTAKER Hamans F uneral Home  
 (ADDRESS) Cape Girardeau Mo.

20. FILED 1-4 1938 J. M. Thompson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 15<sup>th</sup> 1935, to January 4<sup>th</sup> 1938  
 I last saw him alive on January 3<sup>rd</sup> 1938 Death is said to have occurred on the date stated above, at 12:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Myocardial Stenosis  
old age

Other contributory causes of importance: \_\_\_\_\_

Date of onset \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external cause (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 \_\_\_\_\_, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
**BUREAU OF VITAL STATISTICS**  
**MO. STATE BOARD OF HEALTH**

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) John St. Post, M. D.  
 (Address) Cape Girardeau Mo.

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.

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121

~~X~~ M. Cook  
421