

REC'D APR 5 1938

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

11127  
Do not use this space.

## 1. PLACE OF DEATH

(a) County JASPER Registration District No. 408  
 (b) Township JACKSON Primary Registration District No. 5563A Registered No. \_\_\_\_\_  
 (c) City no. (d) Street No. COUNTY FARM St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

GEORGE L. YORK 620  
 (a) Residence, No. R.F.D. - COUNTY FARM St. (If nonresident, give city or town and State)

## 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) Divorced  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER 8, 1856  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
81 5 21  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. no.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Carpenter  
 10. Date deceased last worked at this occupation (month and year) no. 11. Total time (years) spent in this occupation no.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from 10-1-35, 19..... to 3-29-38, 19.....  
 I last saw him alive on 3-15-38, 19..... Death is said to have occurred on the date stated above, at 5:30 P.M.  
 The principal cause of death and related causes of importance were as follows:

ArteriosclerosisOther contributory causes of importance: 97'

Date of onset

12. PLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia  
 13. NAME William Henry York  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jones West Virginia  
 17. INFORMANT (ADDRESS) T. A. Troutman Carthage, Mo. R.F.D.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem DATE Mar 31, 1938  
 19. FUNERAL DIRECTOR (ADDRESS) W. L. Limer Carthage, Mo.  
 20. FILED Mar 31, 1938 W. M. Howard M.D. Local Registrar. 370

Name of operation..... Date of.....  
 What test confirmed diagnosis? Exam Was there an autopsy?.....

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) Walter M. Howard, M. D.  
Carthage, Mo. (Address)

STATEMENT BY LICENSED EMBALMER

I, Edw. E. Eddleman, Licensed Embalmer No. 222

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Edw. E. Eddleman

Licensed Embalmer No. 222

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**