

REC'D JUL 22 1938

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

Do not use this space.

22267

## 1. PLACE OF DEATH

County LawrenceRegistration District No. 468

File No. ....

Township .....

Primary Registration District No. 5629Registered No. 16City Merriamville No. ....4281

St. .... Ward)

## 2. FULL NAME

Paul Nathan Yoachum - 251

(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 Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy E Yoachum6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-5 18737. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
65 4 158. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Lawrence Co. Mo.13. NAME Marion Yoachum14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawey Co. Mo.15. MAIDEN NAME Martha Butler16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Mr. Frank Yoachum18. BURIAL, CREMATION, OR REMOVAL PLACE Merriamville DATE June 21 3819. UNDERTAKER (ADDRESS) Franklin Funeral Home20. FILED 7-10 1938 Laura O. Connolly Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20 3822. I HEREBY CERTIFY That I attended deceased from March 10 38, to June 20 38I last saw him alive on April 15 38 Death is saidto have occurred on the date stated above, at 10 a.m.

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

Sarcoma of both lungs.

Other contributory causes of importance:

diagnosis confirmed by X-Ray.Name of operation X-Ray Date of .....What test confirmed diagnosis X-Ray Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .....

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) Est. Brown M. D.(Address) 417 Billings, Mo

