

MISSOURI AUG 23 1938

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

24622
Do not use this space.

1. PLACE OF DEATH
 (a) County Barry Registration District No. 30
 (b) Township _____ Primary Registration District No. 3003 Registered No. _____
 (c) City Monett (d) Street No. _____
 (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 Malinda Margaret Yoacum
 (a) Residence, No. 508 6th. St. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) May 18, 1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>86</u>	<u>1</u>	<u>17</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as 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) Tennessee

FATHER 13. NAME James Cannon
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Don't Know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Mrs. Mary L. Smith
 (ADDRESS) 508 6th. St. Monett, Mo.

18. BURIAL PLACE Oakdale Cem. DATE July 7, 1938

19. FUNERAL DIRECTOR Callaway's
 (ADDRESS) Monett Mo

20. FILED 7-7- 1938 Wm West
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1938

22. I HEREBY CERTIFY, That attended deceased from March 26, 1938, to July 5, 1938
 I last saw her alive on June 26, 1938. Death is said to have occurred on the date stated above, at 12:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Deformation of apex of ventricular complications
 Date of onset _____

Other contributory causes of importance: 162

Name of operation None Date of _____
 What test confirmed diagnosis? History Was there an autopsy? 16

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? 16
 If so, specify _____
 (Signed) J. H. ..., M. D.
 (Address) Monett 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.

STATEMENT BY LICENSED EMBALMER

I, J. P. Buchanan, Licensed Embalmer No. 3149
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.
No..... or by..... Registered Apprentice No. 3149
working under my personal supervision.

Signed J. P. Buchanan
Licensed Embalmer No.....

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.)