REC'D AUG 24 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Jasper
Township:
City: Duquesne (No. ..., ... St. ... Ward)

Registration District No. 394
Primary Registration District No. 4550

File No. 25635
Registered No. 5

2. FULL NAME: Carmel Yanley 400

(a) Residence, No. Duquesne 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: M.
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Leona Yanley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 3, 1897

7. AGE: YEARS 40 | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist
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): Stella Mo.

FATHER
13. NAME: No Record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No. Record

MOTHER
15. MAIDEN NAME: No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Record

17. INFORMANT (ADDRESS): Mrs Opal Yanley, Commercial Hotel

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Miami Okla. DATE: July 14, 1938

19. UNDERTAKER (ADDRESS): Lane Funeral Home, Miami

20. FILED: Aug 10, 1938 Thelma Hogan, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1938, to July 12, 1938
I last saw him alive on July 12, 1938. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	July 1938

Other contributory causes of importance:
Probably contributed by inhaling fumes of carbon monoxide in garage where he worked

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) W. G. Hogan, M. D.
(Address) Miami Okla.