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

Do not use this space.

REGISTERED AUG 26 1938

1. PLACE OF DEATH — County Pulaski — Registration District No. 713 — File No. 26267
Township Fullerton — Primary Registration District No. 5742 — Registered No.
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME George William York 620

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Libby Griffin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23, 1881

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
57	4	13	

OCCUPATION

8. 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. 3

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 1 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski Co Mo 0

FATHER

13. NAME W. W. York 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky 0

MOTHER

15. MAIDEN NAME Margaret Ham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Willie Parker Waynesville Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE Bloodland Cem DATE July 7, 1938

19. UNDERTAKER (ADDRESS) Parker & Parker Crocker Mo

20. FILED 7/7, 1938 E. Talbot Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1938 to July 6, 1938

I last saw him alive on July 5, 1938 Death is said to have occurred on the date stated above, at 12 M. m.

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

	Date of onset
Carcinoma, Gastric	3-1-37
H & C	

Other contributory causes of importance:

Hemorrhage, Gastric	7-6-38

Name of operation none Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury 0, 19 0

Where did injury occur? 0
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) C. J. Mallett, M. D.

(Address) Cooper 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD