

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

26600
Do not use this space.

1. PLACE OF DEATH **AUG 26 1938**
 (a) County Saline Registration District No. 79639
 (b) Township Marshall Primary Registration District No. 6039 Registered No. 115
 (c) City..... (d) Street No..... 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 Sarah Virginia Paxton Yeagle
 (a) Residence, No. Marshall, Mo. Route # 1. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis M. Yeagle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19th, 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
85 2 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 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) Farmington
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME James Thompson Paxton

14. BIRTHPLACE (CITY OR TOWN) Virginia
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Amanda Judeth Venerable

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

17. INFORMANT (ADDRESS) Francis M. Yeagle
Marshall, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive Cem. DATE July 31 1938

19. FUNERAL DIRECTOR (ADDRESS) Campbell-Lewis Funeral Home
Marshall, Mo.

20. FILED 7-30-38 Mary Kent Local Registrar. 713

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1938

22. I HEREBY CERTIFY, that I attended deceased from Sal, 1938, to July 29, 1938.

I last saw h. alive on July 29, 1938. Death is said to have occurred on the date stated above, at 6 P. m.

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

Gastro Enteritis 4 days
12/13
 Other contributory causes of importance: Senility and General Debility

Name of operation no Date of.....
 What test confirmed diagnosis? Clinical as there an autopsy? no

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? no
 If so, specify.....
 (Signed) Robert M. [unclear], M. D.
Marshall, Mo. (Address)

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.

