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.

Date SEP 23 1938

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

Do not use this space.

File No. 30302

Registered No. 39

Registration District No. 908

Primary Registration District No. 4549

1. PLACE OF DEATH

County: Wright

Township: Mtn Grove

City: Mtn Grove (No. ..... St. ..... Ward)

2. FULL NAME: William A Yoder 360

(a) Residence, No. ..... St., ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma Roe Yoder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 9. 1851

7. AGE: Years 87 | Months 0 | Days 23 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 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): Andrew Co. Mo.

FATHER

13. NAME: John Yoder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Andrew Co. Mo.

MOTHER

15. MAIDEN NAME: Sara Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Mrs. C. H. Boddy

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Swedish DATE: 7-3- 1938

19. UNDERTAKER (ADDRESS): Botten Funeral Home. Mtn Grove Mo

20. FILED 8-1- 1938 Bunice Montgomery Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7 - 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/28, 1938, to 7/2, 1938

I last saw him alive on 6/28, 1938. Death is said to have occurred on the date stated above, at 8 P.M.

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

apoplexy (cerebral) — Date of onset

Other contributory causes of importance:

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) R. H. Ryors, M. D.

(Address) Mtn Grove

RECEIVED
District Health Officer No. 6,
District File Number 6-38-93
Date Filed 9-20-38