

Do not use this space.

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

REC'D OCT 5 1938

31619

1. PLACE OF DEATH

6 County Barton Registration District No. 39
1 Township Primary Registration District No. 4023
City Golden City (No.) St. Ward

2. FULL NAME Arthur Yearn 600

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethelyn K. Yearn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6 - 1870

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
68 4 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Agent

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) Weston, Illinois

13. NAME G. R. Yearn

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

15. MAIDEN NAME Margaret Purdum

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Del. Ohio

17. INFORMANT Mrs. Ethelyn K. Yearn
(ADDRESS) Golden City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE W. 4th Cem. Golden City, Mo. DATE Sept. 18, 1938

19. UNDERTAKER E. J. Phillips
(ADDRESS) Golden City, Mo.

20. FILED Sept 28, 1938 Mrs. Margaret Grace Jorgensen
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16, 1938

22. I HEREBY CERTIFY, that I attended deceased from Feb 10, 1934, to Sept 10, 1938

I last saw him alive on Sept 16, 1938. Death is said to have occurred on the date stated above, at 7:15 P.M.

The principal cause of death and related causes of importance were as follows:
Chronic mitral disease of heart Date of onset

Other contributory causes of importance: at least 20 years ago

920

Name of operation Date of
What test confirmed diagnosis? Autopsy Was 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) Arthur Yearn, M. D.
Golden City, Mo. 39 (Address)

RECEIVED

District Health Officer, No. 6,

District File Number 6-38-215

Specified 10-3-28