

REC'D OCT 26 1938

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

33108  
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 735  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3034 Registered No. 185  
 (c) City Moberly (d) Street No. Woodland Hospital 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 John C. Yost 230

(a) Residence, No. \_\_\_\_\_ 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25<sup>th</sup> 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1938, to Sept 25, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23<sup>rd</sup> 1938

I last saw him alive on Sept 25<sup>th</sup> 1938. Death is said to have occurred on the date stated above, at 10:30 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 2

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 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 \_\_\_\_\_

Cerebral Hemorrhage Date of onset Sept 23, 1938  
1602

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

Other contributory causes of importance \_\_\_\_\_

FATHER 13. NAME John C. Yost

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

MOTHER 15. MAIDEN NAME Ruth

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

17. INFORMANT (ADDRESS) John C. Yost Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Shelbina Mo DATE Sept 25<sup>th</sup> 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Marian Anderson Moberly Mo

20. FILED Sept 25, 1938 Ethel Pleater Local Registrar

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? clinical 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) Martin P. Hunter M. D.

(Address) Moberly, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-38-354

Date Filed 10-8-38

STATEMENT BY LICENSED EMBALMER

*Not*

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.