

DEC'D DEC 16 1938

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

40580
Do not use this space.

1. PLACE OF DEATH

(a) County Texas Registration District No. 863
(b) Township Piney Primary Registration District No. 6137
(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.

Registered No. 29

2. PRINT FULL NAME

339 Edith Emily Tucker Yates
(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

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Yates</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 28 1858</u>		
7. AGE	YEARS	MONTHS
	<u>80</u>	<u>9</u>
		DAYS
		<u>7</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>1928</u>	11. Total time (years) spent in this occupation. <u>all life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas Co., Mo.</u>		
FATHER	13. NAME <u>John Tucker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>South Carolina</u>	
MOTHER	15. MAIDEN NAME <u>Fanny Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>South Carolina</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Nettie Pritchett, Kansas City Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasant Grove</u> DATE <u>Dec 7 1938</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Gaylord W. Elliott, Calwood Mo.</u>		
20. FILED <u>12/8/38</u> 19 <u>38</u> <u>J. H. ...</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5 1938
22. I HEREBY CERTIFY, That I attended deceased from since 1893 to Dec 5 1938
I last saw h. or alive on Dec 5 1938 Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis

Date of

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) J. H. ... M. D.
774 (Address) Houston Mo

200a

STATEMENT BY LICENSED EMBALMER

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..... *Gayland V. Elliott*

Licensed Embalmer No. *2252*

P. O. Address *Casool MS*

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

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