

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

Do not use this space.

REC'D FEB 21 1939

1981

**1. PLACE OF DEATH**

County Clark  
 Township  
 City Kahoka (No. 430)

Registration District No. 190  
 Primary Registration District No. 2113

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F. M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Killdoo

22. I HEREBY CERTIFY that I attended deceased from Jan 2 1939 to Jan 17 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 9, 1878

I last saw h. \_\_\_\_\_ alive on Jan 17 1939. Death is said to have occurred on the date stated above, at 2:35 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 1 8

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
 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. 0

Acute Peritonitis Date of onset \_\_\_\_\_  
Perforated Duodinal Ulcer  
Chronic Myocarditis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kahoka, Missouri

Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

FATHER 13. NAME Winfield Scott Yates  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Feesburg Ohio

MOTHER 15. MAIDEN NAME Susan Shepherson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co. Missouri

17. INFORMANT (ADDRESS) George Killdoo Kahoka Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kahoka Mo. DATE Jan 20 1939

19. UNDERTAKER (ADDRESS) Fred J. Kable Kahoka Mo.

20. FILED Jan 20 1939 J. R. Bridges Registrar.

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) K. R. Bridges, M. D.  
 (Address) Kahoka Mo.

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.

WHITE (PLAIN); WITH CAPSULES INK—THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 10-39-55

Date Filed FEB 14 1939