

AN 19 1939

DECEMBER 7 1939

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis  
Township St. Ferdinand  
City Kirkwood (No. ....) St. .... Ward)

Registration District No. 784  
Primary Registration District No. 2W

File No. 3804  
Registered No. 105

2. FULL NAME

John Yeargan  
(a) Residence, No. McKuire & Hugo St. .... Ward. ....  
(Usual place of abode)  
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 m. 4. COLOR OR RACE col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/13/1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
55 8 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil  
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) Ky

13. NAME John Yeargan

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

15. MAIDEN NAME Shara Basker

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

17. INFORMANT (ADDRESS) Anna Walker  
McKuire & Hugo

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Ph DATE 1-21-39

19. UNDERTAKER (ADDRESS) Boyd Bros. Funeral Home  
1144 Stanton, Kirkwood

20. FILED JAN 19 1939 T. R. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-16-1939

22. I HEREBY CERTIFY, That I attended deceased from 1-12-1939 to 1-16-1939

I last saw him alive on 1-16-1939 Death is said to have occurred on the date stated above, at 6 p.m.

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

Apoplexy (cerebral)  
Haemorrhage) Lt

Date of onset 1-12-39

Other contributory causes of importance: chr. nephritis 1930

Name of operation Cholecystectomy Date of 1-16-39

What test confirmed diagnosis? Cholecystectomy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury 1-16-39

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 no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) Ray Johnson, M. D.

(Address) Ferguson, Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FORM 1 X9314

