

REC'D MAR 15 1938

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

6381
Do not use this space.

1. PLACE OF DEATH
 (a) County DeKalb Registration District No. 260
 (b) Township Coelax Primary Registration District No. 3362
 (c) City Debarre (d) Street No. _____
 (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.
 550 Mary Elizabeth Yeaman
 2. PRINT FULL NAME
 (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 Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE Richard Washington
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27-1861
 7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
76 7 13
 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. housewife
 10. Date deceased last worked at this occupation (month and year) 1936
 11. Total time (years) spent in this occupation. life
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunlap Iowa
 13. NAME William McCord
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunlap Iowa
 15. MAIDEN NAME Ann Janet Crandall
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piquon Iowa
 17. INFORMANT (ADDRESS) M. L. Yeaman Logan Iowa
 18. BURIAL, CREMATION, OR REMOVAL PLACE Logan Iowa Jan 13, 1938
 19. FUNERAL DIRECTOR (ADDRESS) W. Moore Cameron, Mo
 20. FILED 12-10, 1938 J. W. Mahill Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Dec-3, 1938, to Dec-10, 1938
 I last saw her alive on Dec 9, 1938. Death is said to have occurred on the date stated above, at 4:30 P. m.
 The principal cause of death and related causes of importance were as follows:
apoplexy
 Date of onset _____
 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) M. S. Hale, M. D.
Ostborn, Mo
 (Address) 235

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.

RECEIVED

District Health Officer No. 11:

District File Number

29-15-3

Date Recd

MAR 13 1939

STATEMENT BY LICENSED EMBALMER

I, CA Moore, Licensed Embalmer No. 1180

hereby certify that the body recorded on the reverse side of this certificate was embalmed by CA Moore

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

CA Moore

Licensed Embalmer No. 1180

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.)