

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.

RECD MAR 21 1939

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

7360  
Do not use this space.

1. PLACE OF DEATH

(a) County Nedaway Registration District No. 622  
 (b) Township Hughes Primary Registration District No. 4373  
 (c) City \_\_\_\_\_ (d) Street No. 582-0 Registered No. 3  
 (e) Length of residence in city or town where death occurred 9 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 550 Robert Payton Yeaman St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cynthia Anna Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12, 1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
	<u>71</u>	<u>2</u>	<u>5</u>	

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Illinois

FATHER 13. NAME Eliza Brunson Yeaman

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

MOTHER 15. MAIDEN NAME Eliza Annice Peterson

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

17. INFORMANT (ADDRESS) Roy Yeaman Maryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Miriam Cemetery DATE Febr 22 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Pried Funeral Home Maryville, Mo.

20. FILED By Mr. G. 1939 Mrs. Ed Black Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

Death is said to have occurred on the date stated above, at 12 noon

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

Shock + loss of blood from attack by dogs Date of onset 2/17

Other contributory causes of importance: Vertigo, from cardiac decompensation

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

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 2/17, 1939

Where did injury occur? near Graham Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. farm pasture

Manner of injury attack by dogs

Nature of injury mutilation

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

If so, specify \_\_\_\_\_ (Signed) Chas. J. Humbard M.D.

(Address) Crown, Nedaway Co., Mo.

RECEIVED  
STATE BOARD OF HEALTH  
No. 19  
39 1/8  
10 1934

**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,

*John W. Price*

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

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

Signed *John W. Price*

Licensed Embalmer No. *3229*

P. O. Address *Maryville, Mo*

**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.**