

REC'D APR 24 1939

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

10509  
Do not use this space.

## 1. PLACE OF DEATH

(a) County

Clark 2

Registration District No.

192

(b) Township

Street Home 1

Primary Registration District No.

4115

(c) City

Revere mo

(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.

## 2. PRINT FULL NAME

(a) Residence, No.

(Usual place of abode, if no street address, write county or city)

St.

(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)  
Married5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF

Nettie Yowell

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

Oct 17-1863

7. AGE

YEARS

75

MONTHS

4

DAYS

20

If LESS than 1

day, ..... hrs.  
or ..... min.

OCCUPATION

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.

Carpenter

10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Clark Co mo.

FATHER

13. NAME

John Skilson Yowell

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

Kentucky

MOTHER

15. MAIDEN NAME

Nancy Ann Painter

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

Ohio.

17. INFORMANT  
(ADDRESS)Mrs. Nettie Yowell  
Revere mo

18. BURIAL

PLACE

Revere mo

DATE

Mch 9 1939

19. FUNERAL DIRECTOR  
(ADDRESS)H. St. Epperhart  
Revere Mo.

20. FILED

Mar. 10 1939

J. L. McConnell  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

March 7 1939.

22. I HEREBY CERTIFY, That I attended deceased from

Aug 15 1937, to March 7 1939

I last saw him alive on March 7 1939 Death is said

to have occurred on the date stated above, at.....m.

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

Chronic Myocarditis Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Phosphor Was there an autopsy? No

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? No

If so, specify

(Signed)

176 (Address)

J. L. McConnell, M. D.  
Revere, Mo.MARGIN RESERVED FOR BINDING  
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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-556

Date Filed APR 11 1939

STATEMENT BY LICENSED EMBALMER

I, J. W. Epperhart, Licensed Embalmer No. 1802 Mo.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed J. W. Epperhart  
Licensed Embalmer No. 1802 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.)