

APR 20 1939

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

Do not use this space.

11880

1. PLACE OF DEATH

County Pettis
Township Smithton
City 216 (No. 4401)

Registration District No. 669
Primary Registration District No. 4401

File No. 11880
Registered No. 6
St. Smithton Ward)

2. FULL NAME

(a) Residence, No. 216 Frankie G. Yeager St. Smithton Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Earl W. Yeager

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-8-1897

7. AGE YEARS 61 MONTHS 6 DAYS 7 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Housewife

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) Lamont (STATE OR COUNTRY) Pettis Co. Mo.

13. NAME Edwin S. Barton

14. BIRTHPLACE (CITY OR TOWN) State of Virginia (STATE OR COUNTRY)

15. MAIDEN NAME Lorinda Baugh

16. BIRTHPLACE (CITY OR TOWN) State of Kentucky (STATE OR COUNTRY)

17. INFORMANT Mrs. Earl W. Yeager (ADDRESS) Smithton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Smithton Mo. DATE 3-17-1939

19. UNDERTAKER G. F. Manning (ADDRESS) Smithton Mo.

20. FILED 3-17 1939 Mrs. J. E. Mouser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15-39

22. I HEREBY CERTIFY, that I attended deceased from 3-5-39 to 3-15-39

I last saw him alive on 3-15-39 Death is said to have occurred on the date stated above, at 11 P. m.

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

Chronic Myocarditis Date of onset

Other contributory causes of importance: None

Name of operation Asymptomatic Date of No

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? None Date of injury None, 19

Where did injury occur? None (Specify city or town, county, and State)

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

Manner of injury None

Nature of injury None

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

If so, specify None

(Signed) E. E. Mouser M. D.

(Address) Smithton 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.

RECEIVED

District Health Officer Mr. B.

District File Number

Date Filed 4/8/39