

REC'D JUL 17 1935

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

Do not use this space.

21838

1. PLACE OF DEATH

County Bedard Registration District No. 167
Township Madison Primary Registration District No. 5233
City 230 (No. 1) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Hattie Ann Yost
(a) Residence, No. _____ 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Yost</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>November 16, 1863</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>9</u>
		DAYS <u>10</u>
	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home wife</u>	
	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) <u>Hogman Ill.</u>		
FATHER	13. NAME <u>Thomas Walker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Same</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Denton</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Same</u>	
17. INFORMANT (ADDRESS) <u>John Yost Fair Play, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lundy Prairie</u> DATE <u>Aug 27, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Adel Wright Fair Play Mo.</u>		
20. FILED <u>May 22, 1939</u> <u>B. A. Chuk</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1935, 19____, to Aug 4, 1935, 19____.

I last saw her alive on Aug 4, 1935, 19____. Death is said to have occurred on the date stated above, at 7:00 A.M.

The principal cause of death and related causes of importance were as follows:
Chronic interstitial nephritis Date of onset _____

Other contributory causes of importance:
Ascites

Name of operation None Date of _____ No _____

What test confirmed diagnosis? Clinical 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? No

If so, specify _____

(Signed) Chas A Brown, M. D.
(Address) Fair Play 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.

14
1939

RECEIVED

District Health Officer No. 7,

District File Number 7-39-1023

Date Filed 7-13-39