

JUL 18 1939

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

23049
Do not use this space.

1. PLACE OF DEATH
(a) County Randolph Registration District No. 735
(b) Township 1 Primary Registration District No. 3034
(c) City Moberly (d) Street No. 803 So Clark St.
(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 Sarah Catherine Yeakey
(a) Residence, No. 803 So Clark St. 9 (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 OF Daniel Webster Yeakey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23rd 1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 8 14
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
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) Ky 1
13. NAME Thomas O'Brien 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky 1
15. MAIDEN NAME Jane Foot
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
17. INFORMANT (ADDRESS) Mrs. Lucile Compton
Moberly, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Darksville DATE June 9th 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mahan and Son
Moberly, Mo
20. FILED June 9th 1939 Leah Williams
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7th 1939
22. I HEREBY CERTIFY that I attended deceased from June 1st 1939 to June 14th 1939,
last saw her alive on June 5th 1939. Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

nephritis
Date of death 1939
Other contributory causes of importance: 171

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 ne (Signed) M. E. Russell, M. D.
(Address) Moberly, 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.

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RECEIVED

District Health Officer No. 10

District File Number 7-39-1262

Date Filed JUL 12 1939

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

Signed Frank S. DeWitt
Licensed Embalmer No. 3021
P. O. Address Moberly, 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.