

AUG 14 1939

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

24883

Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 804
(b) Township Park Primary Registration District No. 5003
(c) City County (d) Street No. _____ Registered No. 184
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Rosa Pebeline Yadon

(a) Residence, No. RFD Greentop, Mo. St. (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. A. Yadon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
57 9 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmwife
9. Industry or business in which work was done, as saw mill, bank, etc. Agriculture
10. Date deceased last worked at this occupation (month and year) July 31, 1939 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair County MO.

FATHER 13. NAME P. G. Huston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Schuyler County Mo.

MOTHER 15. MAIDEN NAME Ora Parcell

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

17. INFORMANT (ADDRESS) Gloria Yadon Kirksville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Harmony DATE Aug. 2 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Davis Funeral Home Kirksville, Mo.

20. FILED Aug 2, 1939 Spencer L. Freeman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-1-193922. I HEREBY CERTIFY, That I attended deceased from Dead on my arrival, 1939

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at about 7:30 P.M.

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

Stychnine sulphate
Poison

Date of onset

Other contributory causes of importance: 16 2

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? suicide Date of injury 8-1-1939Where did injury occur? at Farm Home Adair Co. Mo.

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

Manner of injury HomeNature of injury Stychnine taken by mouth24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) G. D. Davis, M.D., Coroner(Address) Kirksville, Mo.

RECEIVED

District Health Officer No. 10

District File Number 9-29-1455

Date Filed AUG-10-1939

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

Harold V. Waga

Licensed Embalmer No. 4076

P. O. Address Trinwell

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.