

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

31883  
Do not use this space.

REC'D OCT 12 1939

1. PLACE OF DEATH 3

(a) County Buchanan 1 Registration District No. 100

(b) Township St. Joseph Primary Registration District No. 100 Registered No. 925

(c) City St. Joseph (d) Street No. State Hoop # 2 St.

(e) Length of residence in city or town where death occurred 0 yrs. 0 mos. 16 ds. (If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Vivian Yates

(a) Residence, No. Ferrelview, mo. St.  Ferrelview mo

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE W hite 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1906

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

33 5 2

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. Auto mechanic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Platte Co., mo. (STATE OR COUNTRY)

13. NAME J. O. Yates

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

15. MAIDEN NAME Emma Coans

16. BIRTHPLACE (CITY OR TOWN) Platte Co., mo. (STATE OR COUNTRY)

17. INFORMANT Records State Hoop # 2 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Platte Co. Mo. DATE Sept 10, 1939

19. FUNERAL DIRECTOR (NAME) Hollins (ADDRESS) Platte City, mo.

20. FILED Sept 8, 1939 J. H. Neel Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from August 21, 1939, to September 26, 1939

I last saw him alive on September 6, 1939. Death is said to have occurred on the date stated above, at 4:35 p.m.

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

Gen. peritonitis of the incase Date of onset ?

(meningo-encephalitis from leues) ?

Gen. Paresis, meningial

Other contributory causes of importance:

Encephalitis from leues

83-

Name of operation none Date of 7-10

What test confirmed diagnosis? Christ. tub. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) J. H. Neel, M. D.

(Address) St. Joseph,

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.

WRITE CLEARLY, WITH OMPRESSIVE INK—THIS IS A PERMANENT RECORD

I X14022

**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, .....

*E. Benjamin Cart*

....., or by .....

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

Signed

*E. Benjamin Cart*

Licensed Embalmer No. *4059*

P. O. Address *Platte City, 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.**