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.

OCT 13 1939

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

33709
Do not use this space.

1. PLACE OF DEATH
(a) County Stone 2 Registration District No. 845
(b) Township Ruth 1 Primary Registration District No. 6108 Registered No.
(c) City (d) Street No. Route 3, Galena, Mo. 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 34 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME SARAH ALICE YADON
(a) Residence, No. 350 Stone County, Mo. St.
(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: 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: H. F. Yadon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 5, 1872

7. AGE: Years 67 | Months 6 | Days 0 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housework
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): Jan. 1, 1939
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Taney County Missouri

FATHER
13. NAME: Richard Stockstill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Pennsylvania

MOTHER
15. MAIDEN NAME: Mary Weatherman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Taney County Missouri

17. INFORMANT (ADDRESS): V. O. Kirkendall Route 3, Galena, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Yocum Pond DATE 9/6 1939

19. FUNERAL DIRECTOR (NAME) Koon Funeral Home
(ADDRESS) Cassville, Mo.

20. FILED Sept 20 1939 L S Shumate
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/5 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-1, 1939, to 9-5, 1939
I last saw her alive on 9-1 19.. Death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis (Pulmonary)	Not K

Other contributory causes of importance: none

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? No
If so, specify .....
(Signed) V. O. Kirkendall, M. D.
(Address) Kirbyville Mo

Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File No. 1039-1963
Date Filed OCT 5 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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.