1940

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

21062
Do not use this space.

1. PLACE OF DEATH
(a) County Atchison 2 Registration District No. 30
(b) Township Tarkio D Primary Registration District No. 4014 Registered No.
(c) City Tarkio Mo. (d) Street No. St.
(e) Length of residence in city or town where death occurred 47 yrs. mos. 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 400 Elihu Francisco Yale.
(a) Residence, No. Tarkio Missouri. 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: Male
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: Sarah Ann Yale

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 9, 1857

7. AGE: Years 82 | Months 6 | Days 16 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Ret'd Mechanic
9. Industry or business in which work was done, as saw mill, bank, etc.: Dredge operator
10. Date deceased last worked at this occupation (month and year): 1918
11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Albany Missouri. 0

FATHER
13. NAME: Elihu L. Yale. 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois 1

MOTHER
15. MAIDEN NAME: Martha Jane Handy.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Wm. M. Yale Tarkio Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Tarkio Mo DATE: March 27, 1940

19. FUNERAL DIRECTOR (ADDRESS): W. S. Clements Tarkio Mo

20. FILED: May 25, 1940 C. M. Vaught Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1937, to mar, 1940
I last saw him alive on mar 23, 1940. Death is said to have occurred on the date stated above, at 2. PM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious anemia	

Other contributory causes of importance: 121
Old age
Nephritis
High Blood pressure
Name of operation none Date of
What test confirmed diagnosis? Blood count Was there an autopsy? No

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) Dr. M. E. Bedford 3, M. D.
17 (Address) Tarkio Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 11
District File Number 740-934
Date Filed JUL 1 1940

STATEMENT BY LICENSED EMBALMER

I, W. B. Edmund, Licensed Embalmer No. 3381

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. B. Edmund

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed W. B. Edmund

Licensed Embalmer No. 3381

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