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

FILED DEC 11 1940

38436
Do not use this space.

1. PLACE OF DEATH
(a) County Cedar Registration District No. 167
(b) Township Madison Primary Registration District No. 5233 Registered No.
(c) ~~City~~ or Fair Play, Mo (d) Street No. 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. 2 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Yost
(a) Residence, No. Fairplay Mo St. R-1 D#2
(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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Kate Yost

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 31-1865

7. AGE — YEARS: 75 | MONTHS: 6 | DAYS: 30 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.: Farmer
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): Coffeeville, Kansas

FATHER
13. NAME: Henry Yost
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Quincy, Ohio

MOTHER
15. MAIDEN NAME: Rebecca, Livingston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Quincy, Ohio

17. INFORMANT (ADDRESS): Ruby B. Yost Stockton, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lindley Prairie DATE 10-31 19 40

19. FUNERAL DIRECTOR (NAME) (ADDRESS): H. C. Harris Stockton, Mo

20. FILED Nov. 9, 1940 B. A. Cheek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 30 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1940 to Oct 28 1940
I last saw him alive on Oct 28 1940 Death is said to have occurred on the date stated above, at 1 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
about Oct 10 1940	

Other contributory causes of importance: None

None
Name of operation: General Date of: Clinical
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) Chas H Brown, M. D.
(Address) Fair Play 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.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 12-40-1731
Date Received 12-9-40

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 comply with the above constitutes grounds for revocation of license.)

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