

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

Do not use this space.

2498

1. PLACE OF DEATH
County Putnam
Township Wilson
City Unionville (No.)

Registration District No. 714
Primary Registration District No. 6430

File No.
Registered No. 1
St. Ward)

2. FULL NAME Sarah Mildred Yates
(a) Residence. No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 J. M. Yates

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 5 - 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 10 11

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Putnam Co
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Lilburn Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lucy Epperson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

14. INFORMANT Mrs. Elmer Shelton
(Address) Unionville Mo

15. FILED 1-17-31 J. H. Johnson REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 16 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1931, to Jan 16, 1931 that I last saw her alive on Jan 16, 1931, and that death occurred, on the date stated above, at 11:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
131
8115 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Str. Pneumonia
Chenal Debris (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPEX.....

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. Neal Martin M. D.
1-17-31 (Address) Unionville Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Unionville Cemetery DATE OF BURIAL Jan 17 1931

20. UNDERTAKER Pomestocks Inc & ADDRESS Unionville

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

FEB 20 1931

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