

JUL 2 2 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

19211

1. PLACE OF DEATH

County Christian
 Township Logan
 City _____ (No. _____)

Registration District No. 183
 Primary Registration District No. 6-2-5-3

File No. _____
 Registered No. 4
 St. _____ Ward _____

2. FULL NAME

George Washington Yocum

(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

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Melissie J. Yocum</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 11 - 1957</u>		
7. AGE <u>78</u>	YEARS <u>5</u>	MONTHS <u>2</u>
DAYS <u>2</u>		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>
	9. Industry or business in which work was done, as milk mill, saw mill, bank, etc.
	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) <u>Mo.</u>
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13. NAME <u>David F. Yocum</u>

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>

15. MAIDEN NAME <u>Margaret Pallit</u>

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>

17. INFORMANT (ADDRESS) <u>John Greene</u> <u>Brookline, Mo.</u>
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18. BURIAL, CREMATION, OR REMOVAL

PLACE Yocum Cem. DATE June 14 35

19. UNDERTAKER (ADDRESS) <u>J. W. Maples</u> <u>Clever, Mo.</u>

20. FILED <u>July 12, 1935</u> <u>Idaho. Hawkins</u>
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Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from

June 1, 1935, to June 13, 1935

I last saw him alive on June 12, 1935 Death is said

to have occurred on the date stated above, at 1-45 a.m.

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

Date of onset

Cardiac Dilatation

Other contributory causes of importance:

Quodend; malignancy

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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?

If so, specify _____

(Signed) Robert Mitchell

(Address) Republic 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.

11-10-11

11-10-11

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