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

Do not use this space.

23544

File No. 73

Registered No.

1. PLACE OF DEATH
County: Scott
Township: Richland
City: New Crowder (No. ..... St. ..... Ward)
Registration District No. 821
Primary Registration District No. 670

2. FULL NAME: Mary Yarber

(a) Residence. No. Crowder Mo St. ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: Col

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jas. Yarber

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 10. 1902

7. AGE: Years 26 | Months 10 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Offord
(STATE OR COUNTRY): Miss

PARENTS

10. NAME OF FATHER: John Thomas

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Offord
(STATE OR COUNTRY): Miss

12. MAIDEN NAME OF MOTHER: Fanny Thomas

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Offord
(STATE OR COUNTRY): Miss

14. INFORMANT: Jas. Yarber
(Address): Crowder, Mo.

15. FILED: 7/10/29 Walter Elkins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 15 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr. 26, 1929, to June 14, 1929, that I last saw he alive on June 14, 1929 and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Av. Cerebral hemorrhage
Hy. 2 8 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Vascular Hypertension (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: —
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF: —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Thomas C. McClure M. D.
, 19 (Address) Sikeston, 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: Mo Mullin. Mo. — DATE OF BURIAL: 6-16 1929

20. UNDERTAKER: George R. Dempsey — ADDRESS: Sikeston Mo

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

JUL 29 1929

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requested to make ~~every effort~~ to obtain the following
cated by check marks, lacking from the death certificate:

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Name: Mary Yarber

Who died at: Scott Co. on June 15, 1929,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or
town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

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CAUSE OF DEATH: Acute Parenchymatous Nephritis

Contributory: Vascular Hypertention
Had Miscarriage 30 days before Death

Where was disease contracted? _____

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