

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

Do not use this space.

5833

**1. PLACE OF DEATH**

County Packman  
Township W. C. Moore  
City W. C. Moore (No. 6227)

Registration District No. 300  
Primary Registration District No. Alugh

File No. 4117  
Registered No. 4117  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Infant Yorkis  
(a) Residence. No. 6227 Alugh St., 12 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 fe 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF child

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 24-1931

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

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

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

10. NAME OF FATHER Carl Yorkis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Anna Pearson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo  
(STATE OR COUNTRY)

14. INFORMANT Mr. Luey Vandy  
(Address) 6227 Alugh

15. FILED 7-25-31 m. m. Kerue REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 24 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 24 1931, to Feb 24 1931, and that I last saw him alive on Feb 24, 1931, and that death occurred, on the date stated above, at 5 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Premature Birth  
159 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 159 (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) L. H. Potter M. D.

2/25/31 (Address) 734 Prosperity

\*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 Forest Hill DATE OF BURIAL Feb 25 1931

20. UNDERTAKER Forest Hill ADDRESS Forest Hill

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Spencer

Mrs. Frank