

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

Do not use this space.

19427

1. PLACE OF DEATH

County JACKSON Registration District No. 399
 Township Law Primary Registration District No. 1002
 City KANSAS CITY (No. 71ST Y CAMPBELL) St. _____ Ward _____

File No. _____
 Registered No. 2231
 St. _____ Ward _____

2. FULL NAME ROBERT L YANCEY

(a) Residence, No. 71ST Y CAMPBELL 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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MRS. LOUISE O'RIELLY YANCEY
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-5-1868
 7. AGE YEARS 64 MONTHS 0 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CATTLE BUYER
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 180
 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) KENTUCKY 2

13. NAME UNKNOWN YANCEY

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN 31

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MRS. LOUISE O'RIELLY YANCEY
 (ADDRESS) 71ST Y CAMPBELL ST

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE JUNE-4 1932

19. UNDERTAKER D. W. NEWCOMER'S SONS
 (ADDRESS) KANSAS CITY MISSOURI

20. FILED June 3 1932 M. M. Corone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE-1 1932

22. I HEREBY CERTIFY, That I attended deceased from June 29 1932, to June 1 1932.
 I last saw him alive on June 1 1932. Death is said to have occurred on the date stated above, at 9:30 A.M.

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

gastric hemorrhage
117A 117B
119C
 Other contributory causes of importance: pyloric ulcer
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

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) Wm. A. Pond M. D.
 (Address) 1607 Lawrence St. K. Mo.

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

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.

1607 Genesee

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