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

Do not use this space.

19939

1. PLACE OF DEATH
52 County Knox — Registration District No. 441 — File No.
2 Township Center — Primary Registration District No. 4259 — Registered No. 149
2 City Edina (No. ..... St. ..... Ward)

2. FULL NAME Nelson Yates

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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: M
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Liggie Yates

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Not Known

7. AGE: 70 YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Locust Hill, Knox Co Missouri

PARENTS
10. NAME OF FATHER: Willis Yates
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): X
12. MAIDEN NAME OF MOTHER: Lucy Jackson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): X

14. INFORMANT (Address): Mrs. Nelson Yates, Edina Mo.

15. FILED June 6 1932 Mrs C M Smith, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 5 1932

17. I HEREBY CERTIFY, That I attended deceased from May 1st, 1932, to June 5, 1932, that I last saw him alive on June 2, 1932, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
9511 93 [illegible]
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY)
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At place of death
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) F. E. Lyman, M. D
, 19 (Address) Edina 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: Linville Cemetery — DATE OF BURIAL: June 8-1932

20. UNDERTAKER: Keith M. Hudson — ADDRESS: Edina

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.

JUN 25 1932 — JUN 25 1932