

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

Do not use this space.

20313

1. PLACE OF DEATH

74 County Nodaway Registration District No. 624
 Township Hopkins Primary Registration District No. 5876
 City Hopkins P. F. D. (No. _____) St. _____ Ward _____

2. FULL NAME Letha Saronia Yeager

(a) Residence, No. Hopkins P. F. D. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 48 yrs. mos. / ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 8

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Benjamin Yeager

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 - 1858
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 10 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 75%
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 10%
 10. Date deceased last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jonesville North Carolina

FATHER 13. NAME Edwin Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jonesville North Carolina

MOTHER 15. MAIDEN NAME Jessie West

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yadkin County North Carolina

17. INFORMANT Mrs Albert Krone
 (ADDRESS) Hopkins, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hopkins DATE June 17 1932

19. UNDERTAKER F. W. ...
 (ADDRESS) Bedford La

20. FILED 6/16/32 H. Taylor
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1931, to June 15 1932
 I last saw h. alive on June 14 1932 Death is said to have occurred on the date stated above, at 7 A m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Arteriosclerotic Fibillation
Branchiectasis
Secondary Anaemia
 Date of onset ?

Other contributory causes of importance:
Branchiectasis
Secondary Anaemia

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

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? Yes
 If so, specify _____
 (Signed) Richard B. Bridgman M. D.
 (Address) Hopkins 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.

JUN 26 1932

