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 24 1933

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

Do not use this space.

18706

1. PLACE OF DEATH

108 County Vern — Registration District No. 875 — File No.

2 Township — Primary Registration District No. 3039 — Registered No. 116

City Nevada Mo. (No. ..... St. ..... Ward)

7 2. FULL NAME James Madison 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 50 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22. 1860

7. AGE: YEARS 73 — MONTHS ~~28~~ 3 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Mo

FATHER

13. NAME Cicero A. Yates
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Mo

MOTHER

15. MAIDEN NAME Louiza Yates
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Mo

17. INFORMANT (ADDRESS) J. M. Yates Nevada Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Deepwood C. DATE 5 - 4 1933

19. UNDERTAKER (ADDRESS) Feny Funeral Home Nevada Mo

20. FILED 6-5 1933 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5 - 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1929, 1933, to May 2, 1933

I last saw him alive on May 2, 1933. Death is said to have occurred on the date stated above, at 11 p.m.

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

Chronic Myocarditis — Date of onset

93C

93C

Other contributory causes of importance:

8

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? .....

If so, specify .....

(Signed) J. M. Yates, M. D.

(Address) Nevada Mo