

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

Do not use this space.

29949 L

1. PLACE OF DEATH

County Jackson
Township Prairie
City Leio Summit (No. P.F.D.)

Registration District No. 400
Primary Registration District No. 5553B

File No. _____
Registered No. 148
St. _____ Ward _____

2. FULL NAME

Charles Lee Yarber

(a) Residence, No. Leio Summit St. P.F.D. Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred - yrs. 10 mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-5-1932</u>		
7. AGE	YEARS	MONTHS
		<u>10</u>
		<u>12</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Leio Summit, Mo.
mo. P.F.D.

FATHER 13. NAME C. L. Yarber

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Sedalia, Mo.

MOTHER 15. MAIDEN NAME Florence Rollins

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Perryville, Mich.

17. INFORMANT (ADDRESS)
C. L. Yarber
Leio Summit, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Leio Summit DATE Sept-18- 1933

19. UNDERTAKER (ADDRESS)
Wilder-James Co.
Leio Summit, Mo.

20. FILED Sept 18-1933 William J. Fields
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1933 to Sept 17, 1933

I last saw him alive on Sept 13, 1933. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

acute gastroenteritis
119B 119B

Other contributory causes of importance _____

Name of operation none Date of _____
What test confirmed diagnosis? Physic there an autopsy? no

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 Obituary
(Signed) _____, M. D.

(Address) Leio Summit, Mo.

A. 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.

OCT. 2 1933

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

