

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

Do not use this space.

APR 19 1935

9526

1. PLACE OF DEATH

County Jasper Registration District No. 411
Township St. Johns Primary Registration District No. 2002
City Joplin (No. St. Johns Hosp.) St. _____ Ward _____

2. FULL NAME

(a) Residence No. Jack Leroy Yeager St. _____ Ward _____
(Usual place of abode) Orange, Mo.
(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 <u>m</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 14 - 1934</u>		
7. AGE	YEARS <u>0</u>	MONTHS <u>5</u>
	DAYS <u>16</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<input checked="" type="checkbox"/>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<input checked="" type="checkbox"/>
	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) <u>Orange Mo</u>		
FATHER	13. NAME	<u>_____</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>_____</u>
MOTHER	15. MAIDEN NAME <u>Bernice Yeager</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawton Kans</u>	
17. INFORMANT <u>Bernice Yeager</u> (ADDRESS) <u>Orange Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fairview Cem</u> DATE <u>3-4</u> 19 <u>35</u>		
19. UNDERTAKER <u>Hurlbut and Co</u> (ADDRESS) <u>Joplin Mo</u>		
20. FILED <u>3-14</u> 19 <u>35</u> <u>Ed J. Jones</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2 1935

22. I HEREBY CERTIFY, That I attended deceased from March 2 1935 to 3-2 1935
I last saw him alive on 3-2 1935 Death is said to have occurred on the date stated above, at 10:50 P.M.
The principal cause of death and related causes of importance were as follows:
Date of onset

Had pulmonary edema when seen by me Hurlbut
secondary to influenza - 1/10

Other contributory causes of importance:

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) Ed J. Jones, M. D.
(Address) Joplin, Mo.

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

100M-11-24-33

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.

