OCT 1 1936

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

Do not use this space.

33432

1. PLACE OF DEATH
County Vernon — Registration District No. 875 — File No.
Township — Primary Registration District No. 3039 — Registered No. 235
City Nevada (No. ... St. ... Ward)

2. FULL NAME Paul Winfield Yancey
(a) Residence, No. 304 S Washington 3 Ward (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 17 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 N
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennie Yancey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7-1866
7. AGE 7 YEARS 0 MONTHS 0 DAYS 7 If LESS than 1 day, ... hrs. or ... min.

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

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

FATHER
13. NAME John Yancey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known Virginia

MOTHER
15. MAIDEN NAME Mary Hanton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known West Virginia

17. INFORMANT (ADDRESS) Miss Kate Yancey Nevada Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Neston Cemet DATE Aug 15 1936
19. UNDERTAKER (ADDRESS) Ferry Funeral Home Nevada Mo
20. FILED Aug 17 1936 M. Eichinger Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14, 1936
22. I HEREBY CERTIFY, That I attended deceased from 8/1 1935 to Aug 14 1936
I last saw him alive on 8/14 1935 Death is said to have occurred on the date stated above, at 11:55 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
Date of onset
Other contributory causes of importance:
Arterio Sclerosis
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

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.