

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.

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

Do not use this space.

DEC 18 1936

40339

1. PLACE OF DEATH

County Buchanan,
Township.....
City Agency, (No. Agency, Missouri, St. Ward)

Registration District No. 20
Primary Registration District No. 4048

File No.
Registered No.

2. FULL NAME Sarah E. Yates,

(a) Residence, No. Agency, Mo. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 George W. Yates,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27, 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
91 1 17

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,
10. Date deceased last worked at this occupation (month, and year) Nov. 1, 1932 11. Total time (years) spent in this occupation 73

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County, Missouri,

FATHER 13. NAME William Riley,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky,

MOTHER 15. MAIDEN NAME Genard McBride,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky,

17. INFORMANT (ADDRESS) J. C. Yates Agency, Missouri,

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Chapel Cem DATE Nov, 17, 1936

19. UNDERTAKER (ADDRESS) Heaton-Beyler & Bowman St. Joseph, Mo. Funeral Home

20. FILED Nov 15 1936 Mrs Lucy Powell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11th, 1936, to Nov. 14th, 1936

I last saw her alive on Nov. 14th, 1936 Death is said

to have occurred on the date stated above, at 10:40 a.m.

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

Lobar pneumonia Date of onset 11/11/36

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Chemical Was 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? No

If so, specify

(Signed) H. J. Hull M. D.

(Address) Fayette, Mo

