

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

Do not use this space.

JUN 23 1937

1. PLACE OF DEATH

County Livingston Registration District No. 508 File No. 20593
 Township..... Primary Registration District No. 3676-2 Registered No. 82
 City Sampsel (No.) St. Ward)

2. FULL NAME Irene C. Yeasley

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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937 to May 30, 1937
 I last saw her live on May 29, 1937. Death is said to have occurred on the date stated above, at 2:10 a.m.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 23, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 8 7

Chronic mesenteric degeneration with hyperplasia

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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.....

Chronic mesenteric degeneration with hyperplasia about 1920
 Other contributory causes of importance: Chronic cholecystitis 1915

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

13. NAME A. J. Boucher

Name of operation No Date of

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sampsel, Missouri

What test confirmed diagnosis? Chinical Was there an autopsy? No

15. MAIDEN NAME Elizabeth Goben

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.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springhill, Missouri

17. INFORMANT Jack Boucher (ADDRESS) Chillicothe, Missouri

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge DATE June 1, 1937

Nature of injury.....

19. UNDERTAKER F. B. Norman (ADDRESS) Chillicothe, Missouri

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify

20. FILED JUNE 1, 1937 Ronald G. Rowd, M.D. Registrar.

(Signed) W. E. Carpenter, M. D.

(Address) Chillicothe, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

