

REC'D FEB 7 1939

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

4129
Do not use this space.

1. PLACE OF DEATH
 (a) County Sullivan Registration District No. 852
 (b) Township Jackson Primary Registration District No. 6124 Registered No. _____
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. 7 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Unamed Yardley
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Still born

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation 0

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

FATHER
 13. NAME Clev. Yardley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co., Missouri

MOTHER
 15. MAIDEN NAME Anna Fern Regey
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co., Missouri

17. INFORMANT (ADDRESS) Clev. Yardley, Milan, Mo.

18. BURIAL, CREMATION, OR REMOVAL Elmwood Cem DATE Jan. 9, 1939

19. FUNERAL DIRECTOR (ADDRESS) C. A. Schoene, Milan, Mo.

20. FILED Feb. 1, 1939 C. Leo Hagan, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8, 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 8, 1939 to Jan 8, 1939, 19____
 I last saw h. alive Shelburn, 19____ Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Un. known
 (State that she had a severe fall a few days ago.)
 Other contributory causes of importance:
4 mo. gestation

Name of operation _____ Date of _____
 What test confirmed diagnosis? none 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) C. Leo Hagan, M. D.
 (Address) Milan

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.

STATEMENT BY LICENSED EMBALMER

I, *Frank D. Schwen*

Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

Not embalmed

..... L. E.

No. or by

Registered Apprentice No.

working under my personal supervision.

Signed

Frank D. Schwen

Licensed Embalmer No.

2016

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)