

APR 24 1939

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

12574  
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) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Willis Dockery Yardley

(a) Residence, No. \_\_\_\_\_ St.  (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Amanda Yardley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Febr. 4, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
88 1 11

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

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 \_\_\_\_\_

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

FATHER 13. NAME George Yardley

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

MOTHER 15. MAIDEN NAME Sarah Ellen Ray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Car.

17. INFORMANT (ADDRESS) Allen Yardley  
Milam, Mo

18. BURIAL, CREMATION, OR REMOVAL Interred Cem DATE Mar. 16, 1939

19. FUNERAL DIRECTOR (ADDRESS) C. A. Schwenke  
Milam, Mo

20. FILED Apr. 10, 1939 Cleo Ragan  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1939 to Mar 15, 1939  
 I last saw him alive on March 10, 1939. Death is said to have occurred on the date stated above, at 5:00 p.m.

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

Bronchial Pneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance: Influenza

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) Drum H. Beckler D.  
 (Address) Milam, Mo

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

50M-7-20-37 I X12004

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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-751

Date Filed APR 13 1939

STATEMENT BY LICENSED EMBALMER

I, Frank D. Schwen, Licensed Embalmer No. 2016

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

L. E. Not embalmed

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.)**