

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

2915
Do not use this space.

FILED FEB 13 1940

1. PLACE OF DEATH

(a) County Lewis Registration District No. 479

(b) Township Labelle Primary Registration District No. 4288

(c) City Labelle (d) Street No. _____

(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Miss Zella Yancey

(a) Residence, No. Labelle Lewis Co. Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7th 1866

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

74 0 4

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

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) Newark Mo. Knox County Missouri

FATHER 13. NAME James B. Yancey

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

MOTHER 15. MAIDEN NAME Maria Sanford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion County Missouri

17. INFORMANT (ADDRESS) Mrs. Minnie Cadogan Burlington Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE Labelle Cemetery DATE July 13th 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James T. Ledetson Labelle Mo

20. FILED 1/16 1940 J. L. Bourse Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11th 1940

22. I HEREBY CERTIFY That the death stated from _____, 1940, to _____, 1940, I last saw her alive on _____, 1940, to have occurred on the date stated above, at 5:30 p.m. The principal cause of death and related causes of importance were as follows:

Post mortem diagnosis Coronary Thrombosis

Other contributory causes of importance: 94

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. W. McKim M. D. (Address) Labelle 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.

RECEIVED

District Health Office No. 10

District File Number 2-40-383

Date Filed FEB 12 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Norman D. Coder, or by

Registered Apprentice No., working under my personal supervision.

Signed Norman D. Coder

Licensed Embalmer No. 3721

P. O. Address LaBelle, Missouri

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.)

If this body is not embalmed, above space should be left blank.