

No. 2
-2-43
5-17-39
I X35867

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 13 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37851
Registrar's No. 36

Registration District No. 44 Primary Registration District No. 44 5148

1. PLACE OF DEATH:
(a) County Caldwell,
(b) City or town --Rural- Lincoln Twp
(c) Name of hospital or institution:
Home in Country,
(d) Length of stay: In hospital or institution
In this community Past Fifteen Years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Caldwell, 013
(c) City or town Rural, 0
(d) Street No. Lincoln Twp-shp. 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country No. U

3. (a) PRINT FULL NAME Estella Dale Yoakum,
(b) If veteran, name war. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 16
year 1943 hour 9:45 minute P.M.
21. I hereby certify that I attended the deceased from Nov. 14, 1943, to Nov. 16, 1943, that I last saw her alive on Nov. 16, 1943, and that death occurred on the date and hour stated above.

4. Sex Female, 5. Color or race White, 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Pearlle Yoakum, 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased May, 6th., 1881-
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis
Due to Pulmonary Tuberculosis of the lungs and
Due to malnutrition

8. AGE: Years Months Days If less than one day
62 6 10 hr. min.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy
Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Findlay, -Hancock County-Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Keeping House,
11. Industry or business House Keeping,

MOTHER FATHER { 12. Name William Bender,
13. Birthplace Not Known, Germany, 4
14. Maiden name Arthema Elsea,
15. Birthplace Findlay-Hancock County, -Ohio

16. (a) Informant Pearlle Yoakum
(b) Address Cowgill, Mo.

17. (a) Burial --- (b) Date thereof Nov. 18-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cowgill Cemetery,

18. (a) Signature of funeral director E. P. Michael
(b) Address Brainerd, Mo.

19. (a) Nov 17 1943 (b) E. A. Thompson
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature J. D. Johnson (M. D. or other) 2
Address Cowgill, Mo. Date signed Nov 18, 1943

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

