

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

Do not use this space.

1. PLACE OF DEATH

County Stoddard
Township Buffalo
City Cardwell (No. _____)

Registration District No. 283
Primary Registration District No. 3402

File No. 19993
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. 9 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert YeARGIN</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 2 1906</u>		
7. AGE	YEARS	MONTHS
	<u>27</u>	<u>9</u>
		<u>16</u>
	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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 _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cardwell Mo</u>		
FATHER	13. NAME <u>Ulee Dubar</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Mathie Dayberry</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT <u>Robert YeARGIN</u> (ADDRESS) <u>Cardwell</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>June 19 1934</u> DATE <u>Cardwell Mo</u>		
19. UNDERTAKER <u>Howard Anderson</u> (ADDRESS) <u>Cardwell</u>		
20. FILED <u>7-14 1934</u> <u>W. M. Mouson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1934

22. I HEREBY CERTIFY That I attended deceased from Aug 19 33 to June 18 1934

I last saw him alive on June 13 1934. Death is said to have occurred on the date stated above, at 3:04 Am.

The principal cause of death and related causes of importance were as follows:
Pulmonary I. B.
23 P.

Date of onset Aug 1933

Other contributory causes of importance:
W M

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? no
If so, specify _____
(Signed) Seton French, M. D.
(Address) Cardwell

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

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.

REVISED 18 1934

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