

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

Do not use this space.

26705

AUG 14 1939

1. PLACE OF DEATH

County St. Francois
Township Leary
City Bon Terre

Registration District No. 775
Primary Registration District No. 6020A

File No. _____
Registered No. 57 St. _____ Ward)

2. FULL NAME

(a) Residence, No. Bon Terre, Mo. St., _____ Ward.

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 8 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Washington Mo

FATHER 13. NAME John Yarbrough

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

MOTHER 15. MAIDEN NAME Ellen Beuchardt

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

17. INFORMANT (ADDRESS) Donnie Yarbrough

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 8-1-39

19. UNDERTAKER (ADDRESS) Edgewood Bros Feat River Mo

20. FILED Aug. 1, 1939 N.W. Hawkins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1939

22. I HEREBY CERTIFY, that I attended deceased from June 1939, to July 29, 1939
I last saw him alive on July 15, 1939 Death is said to have occurred on the date stated above at 2 P. m.

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

Chronic myocarditis Date of onset un-known

Other contributory causes of importance: ASC

Name of operation _____ Date of _____

What test confirmed diagnosis? physical et 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) A. L. Evans, M. D.
(Address) Bon Terre 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.

