

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City W. Louis (No. 1226) Missouri St. 11091 (Ward)

2. FULL NAME

(a) Residence No. 1226 Missouri St. 11 Ward. (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 Female 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 Samuel C. Yates

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 13 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 2 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Fronton Ohio
(STATE OR COUNTRY)

10. NAME OF FATHER John Cawley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

14. INFORMANT Mary E. Yates
(Address) 1226 Missouri St.

15. FILED Nov 13 1929 W. C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 12 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1929, to Nov. 12, 1929, that I last saw h. or alive on Nov. 12 10:53 P., and that death occurred, on the date stated above, at 11:15 not known (duration) yrs. mos. ds.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Regurgitation
97
not known (duration) yrs. mos. ds.
CONTRIBUTORY Asthma non
(SECONDARY) Tubercular (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

8 IF NOT AT PLACE OF DEATH 900
DID AN OPERATION PRECEDE DEATH DATE OF.....
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) James M. Hawen, M. D.
19 2025 (Address) St. Louis Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Pilot Knob Mo. DATE OF BURIAL 11-14 1929

20. UNDERTAKER Witt Bros. L. & H. Co. 2929 S. Jefferson Av. ADDRESS

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.

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