

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

16258
Do not use this space.

1568 MAY 19 1939

1. PLACE OF DEATH

(a) County Schuyler Registration District No. 806
 (b) Township Prarie Primary Registration District No. 6051
 (c) City Queen City Mo (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 320 Elizabeth S. Yates St.
 (Usual place of abode, if no street address, write county or city) (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) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hyman Yates (Deceased)
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22 - 1855
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 84 1 18
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Work
 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 55

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Queen City MO

FATHER 13. NAME Fredrick Smith 0
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER 15. MAIDEN NAME Wilhelmine Knittle 10
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Miss Mary Yates Queen City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Germania Cem DATE Mar 21 1939

19. FUNERAL DIRECTOR (ADDRESS) Wm H. West Queen City Mo

20. FILED 3/21 1939 J. I. Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 20 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 18, 1939, to Mar 20, 1939

I last saw her alive on Mar 19, 1939. Death is said to have occurred on the date stated above, at 29 m.

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

Bronchial Pneumonia Date of onset Mar 17

Other contributory causes of importance: Age - 107

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) D. P. Gross, M. D. 0
718 (Address) Queen City Mo

By Chas. B. Jones (Licensed Embalmer's Statement on Reverse Side)

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

50108-20-37 I X12004

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 Officer No. 1^A

District File Number *10-39-936*

Date Filed **MAY 11 1939**

STATEMENT BY LICENSED EMBALMER

I, *Wm W West*, Licensed Embalmer No. *2882*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *my self*

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)