

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.

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

Do not use this space.

RECD NOV 22 1938

36940

1. PLACE OF DEATH

County Schuyler
Township Salt River
City Near Queensity Mo (No. 237)

Registration District No. 804
Primary Registration District No. 6489
6549

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

2. FULL NAME Rubin Edward Yates

(a) Residence, No. _____ 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4th, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 8 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Farmer
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 Life

12. BIRTHPLACE (CITY OR TOWN) Near Queensity Mo,
(STATE OR COUNTRY)

13. NAME David Yates

14. BIRTHPLACE (CITY OR TOWN) Guilford
(STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Hannah Davis

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

17. INFORMANT Mr Fred Reynolds
(ADDRESS) Queensity Mo,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Germania Cem, DATE Oct 18 1938

19. UNDERTAKER William N. West
(ADDRESS) Queensity Mo,

20. FILED 10/18 1938 Mrs O P Farrington
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1938, to Oct 16, 1938

I last saw h. alive on _____, 19____. Death is said

to have occurred on the date stated above, at 7:40 p.m.
The principal cause of death and related causes of importance were as follows:

Gunshot wound in forehead penetrating brain
Date of onset _____

Other contributory causes of importance: _____

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 Oct 16, 1938

Where did injury occur? Schuyler County, Mo.
(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) M. D. Young, M.D. Coroner

(Address) Coronerville, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-38-577

Date Filed 11-12-38