

JUN 4 1935

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

Do not use this space.

14132

1. PLACE OF DEATH

County St. Genevieve
Township Union
City (No. St. Ward)

Registration District No. 934
Primary Registration District No. 6026

File No.
Registered No. 3

2. FULL NAME

(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 6 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 10

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

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) Sept. 1935 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmington Mo

13. NAME Amos Yeager

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

15. MAIDEN NAME Anna Sylvia

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

17. INFORMANT (ADDRESS) Willard Yeager Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Dark Creek Feb 14 - 35

19. UNDERTAKER (ADDRESS) Farmington Coal Co

20. FILED April 17, 1935 W. A. Kott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 - 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1935 to April 17, 1935
I last saw him alive on March 10, 1935, Death is said to have occurred on the date stated above, at m.

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

Cause of Sigmoid
with liver metastases 4-1-35

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 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?

If so, specify (Signed) J. H. Walthers, M. D.

(Address) Farmington

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.

