

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

Do not use this space.

**1. PLACE OF DEATH**

County Cape Girardeau  
Township \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 125  
Primary Registration District No. 3009  
(No. St. Francis Hosp.)

File No. 11928  
Registered No. 270  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. Med R. J. Yancey  
(Usual place of abode) Pocahontas, Mo. Ward. Pocahontas, Mo.  
(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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr R. J. Yancey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov - 10 - 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
46      5      0

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Coentry

PARENTS  
10. NAME OF FATHER M. M. Mc Laird  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Cape Coentry  
12. MAIDEN NAME OF MOTHER Bessie Stiff  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT (Address) Mr R. J. Yancey  
Pocahontas Mo

15. FILED 4/11 1930 W. C. Koenig  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April - 10 1930

17. I HEREBY CERTIFY, That I attended deceased from April 9 1930 to April 10 1930 that I last saw him alive on April 10 1930 and that death occurred, on the date stated above, at 12:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Embolic, coronary artery  
Indolentaneous (duration) ..... yrs. .... mos. .... ds.  
CONTRIBUTORY Mastoiditi, Celluliti  
(SECONDARY)  
17 Tick (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
NOT AT PLACE OF BIRTH St Francis Hospital  
DID AN OPERATION PRECEDE DEATH? Yes DATE OF April 10 - 1930  
WAS THERE AN AUTOPSY? Yes  
WHAT TEST CONFIRMED DIAGNOSIS? Out Modern Coombs  
(Signed) Mc Kelly, M. D.  
, 19 (Address) Cape Girardeau, 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 ced applacent Cem. DATE OF BURIAL 4-13 1930

UNDERTAKER Bruntorf Howell ADDRESS Cape Gir. 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.

