

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.

AUG 19 1935

23812

1. PLACE OF DEATH

County Montana Registration District No. 571  
Township \_\_\_\_\_ Primary Registration District No. 4335  
City California (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 41

2. FULL NAME

Hugh W. Yarnell  
(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) Aug 3 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
29 11 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) June, 1925 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montana Co. Mo.

13. NAME J. C. Yarnell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co. Missouri

15. MAIDEN NAME Bessie Wehmer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montana Co. Missouri

17. INFORMANT J. C. Yarnell (ADDRESS) Lepton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lepton, Mo. DATE 7/5/35

19. UNDERTAKER (ADDRESS) James E. Richardson Lepton, Mo.

20. FILED 7-6-35 1935 H. H. Pappas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1935

22. I HEREBY CERTIFY, that I attended deceased from June 23, 1935 to July 5, 1935  
I last saw him alive on July 5, 1935 Death is said to have occurred on the date stated above, at 6:40 a.m.  
The principal cause of death and related causes of importance were as follows:

Acute gangrenous appendicitis Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation Appendectomy Date of 6-27-35  
What test confirmed diagnosis? Specimen Was there an autopsy? no

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) A. L. Latham, M. D.  
(Address) California Mo

W. H. C.

1881

1881

W. H. C. 1881