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

Do not use this space.

FEB 20 1931

1. PLACE OF DEATH
County Moniteau
Township Walker
City California (No. St. Ward)

Registration District No. 571
Primary Registration District No. 4335

File No. 2152
Registered No. 7

2. FULL NAME Henrietta Yarnell (Yarnell)

(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

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): Widowed

5a. If Married, Widowed, or Divorced HUSBAND OF (or) WIFE OF Hugh Yarnell

6. DATE OF BIRTH (month, day and year) Feb 17 1851

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
79	11	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(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) N.Y.

PARENTS

10. NAME OF FATHER Clay Hill
11. BIRTHPLACE OF FATHER (city or town)
(State or country) Germany
12. MAIDEN NAME OF MOTHER Hinman
13. BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

14. INFORMANT Mrs. C. C. Mueller
(Address) California Mo

15. Filed Jan 29, 1931 Jas W Roth REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year) January 27 1931

17. I HEREBY CERTIFY, That I attended deceased from Twenty Yrs 19 , to , 19 ,
that I last saw h.. alive on Jan 27, 1931, and that death occurred, on the date stated above, at 1 A.m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
23A

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
23

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?

(Signed) Lashley M Gray, M.D.
Jan 29, 1931 (Address) California 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: Crown Hill California
DATE OF BURIAL: Jan 29 1931

20. UNDERTAKER: J M Wilson & Son
ADDRESS: California

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.