

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.

MAR 17 1937

5548

1. PLACE OF DEATH

25 County Clynton
1 Township Shook
4 City Cameron (No. _____, _____ St. _____ Ward _____)

Registration District No. 204
Primary Registration District No. 3013

File No. _____
Registered No. 5

2. FULL NAME Forest Vernon Yingling

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Tacy June Yingling</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 1, 1879</u>		
7. AGE	YEARS	MONTHS
	<u>57</u>	<u>7</u>
		DAYS
		<u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carrroll Co. Mo.</u>		
13. NAME <u>George W. Yingling</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Priscilla E. Cowser</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Co. Mo.</u>		
17. INFORMANT <u>Tacy June Yingling</u> (ADDRESS) <u>Cameron Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Augusta Ill.</u> DATE <u>Feb 2 1937</u>		
19. UNDERTAKER (ADDRESS) <u>W. B. Riley</u> <u>Cameron Mo.</u>		
20. FILED <u>27</u> 19 <u>37</u> <u>W. B. Riley</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 - 1936 to Feb 1 - 1937

I last saw him alive on Feb 1 - 1937. Death is said to have occurred on the date stated above, at 145 a.m.

The principal cause of death and related causes of importance were as follows:
Heart Dilatation of the heart

Date of onset _____

Other contributory causes of importance: ASB

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? yes
If so, specify _____
(Signed) W. B. Riley M. D.
(Address) Cameron Mo.

