

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH			
County	Cedar		Registration District No.	168	File No.	8459
Township	Washington		Primary Registration District No.	5234	Registered No.	5
Village						
City	(NO)				St.	Ward
FULL NAME <u>David, Zebulon, (Younger,</u>						
(If death occurred in a hospital or institution, give its NAME instead of street and number)						
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (If write the word)		DATE OF DEATH		
Male	White	married		Feb. 18, 1913		
DATE OF BIRTH				(Month) (Day) (Year)		
Doz. 31, 1847						
AGE				IF LESS than		
66 yrs. 1 mos. 18 ds.				1 day, hrs. or min.?		
OCCUPATION						
(a) Trade, profession, or particular kind of work				U.S. Pensioner		
(b) General nature of industry, business, or establishment in which employed (or employer)				O - O		
BIRTHPLACE						
(City or town, State or foreign country)				Williamson, Co., Tenn.		
PARENTS	NAME OF FATHER		Henry Younger			
	BIRTHPLACE OF FATHER		Williamson, Co., Tenn.			
	MAIDEN NAME OF MOTHER		Lucy, Ann, Younger			
	BIRTHPLACE OF MOTHER		Williamson, Co., Tenn.			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE						
(Informant) <u>E. J. F. F. F.</u>						
(ADDRESS) <u>Stockton Mo</u>						
Filed <u>Mar 14</u> 191 <u>L. T. Dinaway</u>						
REGISTRAR						
I HEREBY CERTIFY, that I attended deceased from				Feb. 17, 1913, to Feb. 18, 1913,		
that I last saw him alive on				Feb. 17, 1913,		
and that death occurred, on the date stated above, at				11 a.m.		
The CAUSE OF DEATH* was as follows:				Pneumonia		
102A						
106B						
112				(Duration) mos. 2 ds.		
Contributory				Chr. Bronchitis		
Signed)				L. T. Dinaway		
March 4, 1913				(Address) <u>Leaflinger Mills</u>		
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.						
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)						
At place of death yrs. mos. ds. In the State yrs. mos. ds.						
Where was disease contracted if not at place of death?						
Former or usual residence						
PLACE OF BURIAL OR REMOVAL				DATE OF BURIAL		
Younger family				Feb 19, 1913		
UNDERTAKER				ADDRESS		
F. H. Smith & Son				Stockton		

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

*coma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



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PLACE OF DEATH			REGISTRARS SHALL NOT RE-BUREAU OF VITAL STATISTICS CEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.			MISSOURI STATE BUREAU OF HEALTH CERTIFICATE OF DEATH		
County	Cedar		Registration District No.	168		File No.	8459	
Township	Washington		Primary Registration District No.	5234		Registered No.	3	
Village								
City			(NO.			St.	Ward)	
FULL NAME David Zebulun Younger								
PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH			
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (If write the word)			DATE OF DEATH			
male	white	married			Feb. 18, 1913			
DATE OF BIRTH					I HEREBY CERTIFY, that I attended deceased from			
Dec. 31, 1847					Feb. 17, 1913, to Feb. 18, 1913,			
(Month) (Day) (Year)					that I last saw him alive on Feb. 17, 1913,			
AGE					and that death occurred, on the date stated above, at Ma., m.			
66 yrs. 1 mos. 18 ds.					The CAUSE OF DEATH* was as follows:			
OCCUPATION					Pneumonia			
(a) Trade, profession, or particular kind of work					U.S. Pensioner			
(b) General nature of industry, business, or establishment in which employed (or employer)								
BIRTHPLACE					(Duration) yrs. mos. ds.			
(City or town, State or foreign country)					2 ds.			
Williamson Co. Tenn.					Contributory Chro. Bronchitis +			
NAME OF FATHER					(Duration) yrs. mos. ds.			
Henry Z. Younger					arthritis			
BIRTHPLACE OF FATHER					(Signed) G. T. Hackleman M. D.			
(City or town, State or foreign country)					Mar. 4, 1913 (Address) Caplinger Mill			
Tenn.					*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
MAIDEN NAME OF MOTHER					LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
Lucy Ann Younger					At place of death yrs. mos. ds. In the State yrs. mos. ds.			
BIRTHPLACE OF MOTHER					Where was disease contracted If not at place of death?			
(City or town, State or foreign country)					Former or usual residence			
Tenn.								
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					PLACE OF BURIAL OR REMOVAL			
(Informant) Effie Terrell					Younger Cem.			
(ADDRESS) Stockton, Mo.					DATE OF BURIAL			
					Feb. 19, 1913			
Filed Mar 1 1913					UNDERTAKER			
L. J. Dunaway					F. H. Smith & Son			
REGISTRAR					ADDRESS			
					Stockton			
Original file, date MAR 1913					All information called for must be written on this Supplementary Certificate.			

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