SEP 26 1927

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

Do not use this space.

23628

1. PLACE OF DEATH
County Buchanan Registration District No. 85 File No. ....
Township .... Primary Registration District No. 1001 Registered No. 786
City St. Joseph (No. Byrds Sanitarium .... St. .... Ward)

2. FULL NAME Charles Franklin Youngman -
(a) Residence. No. Bethany Mo. .... St., ... Ward. Bethany Mo
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 14 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) Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora May Youngman
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 16 - 1873
7. AGE Years 54 Months 2 Days 19 If LESS than 1 day, ... hrs. or .... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer -
(b) General nature of industry, business, or establishment in which employed (or employer) Farming. (Emp)
(c) Name of employer Self.
9. BIRTHPLACE (CITY OR TOWN) Denver
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Jacob Youngman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Rachel Castle
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown
14. INFORMANT Luther T. Youngman
(Address) Bethany Mo.
15. FILED Aug 5 19 1927 John G. .... REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 5 1927
17. I HEREBY CERTIFY, That I attended deceased from July 21, 1927, to Aug 5, 1927
that I last saw him alive on Aug 5, 1927, and that death occurred, on the date stated above, at 7.30 a. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
9519
(duration) 1 yrs. .... mos. .... ds.
CONTRIBUTORY (SECONDARY) Cardiac Insufficiency
(duration) .... yrs. .... mos. .... ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ....
31
DID AN OPERATION PRECEDE DEATH? .... DATE OF ....
WAS THERE AN AUTOPSY? ....
WHAT TEST CONFIRMED DIAGNOSIS? ....
(Signed) C. H. Byrd, M. D
8/5, 1927 (Address) Karnes Road

*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 Bethany Mo.
DATE OF BURIAL Aug 7 1927
20. UNDERTAKER Fleeman - Davis Fun Home
ADDRESS 1208 Davis

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.