

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

Do not use this space.

7669

1. PLACE OF DEATH

County Audrain
Towship St. Charles
City Mexico Mo (No. _____) St. _____ Ward _____

Registration District No. 26
Primary Registration District No. 3002

File No. _____
Registered No. 41

2. FULL NAME

John - Youngblood

(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) Sept 5 - 1904

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>23</u>	<u>6</u>	<u>17</u>		

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) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Audrain Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Henry F. Youngblood

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT (Address) Agency & Youngblood Mexico Mo

15. FILED March 22nd 28 1928 Ira S. Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) mch. 22 - 1928

17. I HEREBY CERTIFY, That I attended deceased from mch. 15 - 1928, to mch. 21 - 1928, that I last saw him alive on mch. 21 - 1928, and that death occurred, on the date stated above, at 8 - am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Primary Tuberculosis
21 (duration) yrs. mos. ds.
CONTRIBUTORY Endocarditis
(SECONDARY) 23A (duration) yrs. mos. ds.
910

18. WHERE WAS DISEASE CONTRACTED Born went 3 years
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Paul E. Corl, M. D.
, 19 (Address) Mexico 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 Wartburg DATE OF BURIAL 3 - 24 1928
Wartburg

20. UNDERTAKER Mexico Haquet & Son Mexico 410
ADDRESS

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.

1928

