

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

791

1003

File No.....

25827

Township.....

Primary Registration District No.....

Registered No.....

7673

City.....

(No. *City Hospital*)

St.....

Ward.....

2. FULL NAME

(a) Residence. No.....

St.....

17

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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male White

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

July 4 - 1928

7. AGE

YEARS

MONTHS

DAY

IF LESS than 1 day, hrs. or min.

1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(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)

Maine

10. NAME OF FATHER

Adrian Younglove

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Oklahoma

12. MAIDEN NAME OF MOTHER

Elizabeth Faust

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Illinois

14.

INFORMANT

(Address)

*Hospital of Information
Rogers
City Hospital*

15.

JUL 25 1928

FILED

19

Wm C Hankins

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

July 5 1928

17. I HEREBY CERTIFY, That I attended deceased from

July 4 1928, to *July 5 1928*, that I last saw him *alive* on *July 5 1928*, and that death occurred, on the date stated above, at *5:00 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage due to birth injury.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

18 DID AN OPERATION PRECEDE DEATH?.....

DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Edmund R. Sheppard, M.D.*

, 1928 (Address) *City Hospital*

*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

DATE OF BURIAL

POTTERS FIELD

ADDRESS

20. UNDERTAKER

To Shannon 1420 road

7-26-1928

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.

Youngman