

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

Do not use this space.

18789

1. PLACE OF DEATH

County Marion
Township Liberty
City Palmira (No.)

Registration District No. 5745
Primary Registration District No. 4323

File No.
Registered No. 24
St. Ward)

2. FULL NAME

Fred William Youngk

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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>Addie May Youngk</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>4/12-1886</u> | | |
| 7. AGE <u>43</u> YEARS | MONTHS <u>1</u> | DAYS <u>15</u> |
| If LESS than 1 day, hrs. or min. | | |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Truck Driver</u> (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) Marion Co. Mo.

10. NAME OF FATHER John Youngk

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

12. MAIDEN NAME OF MOTHER Carrie C Gross

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

14. INFORMANT Addie May Youngk
(Address) Palmira Mo.

15. FILED 5-28, 1929 J. O. Faupel REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 27 1929
17. I HEREBY CERTIFY, That I attended deceased from April 2, 1929, to May 27, 1929, that I last saw him alive on May 26, 1929, and that death occurred, on the date stated above, at 2:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of spine
4 1/2 in length
53D
53E (duration) yrs. 1 mos. 3 ds.

CONTRIBUTORY (SECONDARY) Cancer of right arm
(duration) yrs. 1 mos. 10 1/2 ds.

18. WHERE AS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH...
DID AN OPERATION PRECEDE DEATH? yes DATE OF April 1, 1929
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory slide test
(Signed) J. O. Faupel M. D.
5-28, 1929 (Address) Palmira 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 Palmira Mo DATE OF BURIAL May 29 1929

20. UNDERTAKER A. M. Sprague ADDRESS Palmira Mo.

K. 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.

WHITE PAPER. WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUN 27 1929

10 SA

