

AUG 20 1930

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

25864

1. PLACE OF DEATH

County Rollinger
 Township Palmer
 City Palmer (No. 69)

Registration District No. 69
 Primary Registration District No. 5103-

File No. 25864
 Registered No. 25864
 St. Mo Ward 1

2. FULL NAME

(a) Residence. No. John Henry Younger St. Mo Ward 1
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 1 mos. 0 ds. How long in U. S., if of foreign birth? yrs. 0 mos. 0 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 Clara Alice Younger (OR) WIFE OF John Henry Younger
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 17 1886
 7. AGE YEARS 50 MONTHS 9 DAYS 14 If LESS than 1 day, 0 hrs. 0 or 0 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) ✓
 (c) Name of employer ✓

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER John T. Younger
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know (STATE OR COUNTRY) Mo
 12. MAIDEN NAME OF MOTHER Don't know
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know (STATE OR COUNTRY) Mo

14. INFORMANT Clara Alice Younger
 (Address) Palmer Mo

15. FILED 8-1-30 A.T. Kirkpatrick REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 1, 1930

17. I HEREBY CERTIFY, That I attended deceased from July 26, 1930 to Aug 1, 1930
 that I last saw him alive on Aug 1, 1930, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-Pneumonia
107A (duration) yrs. 0 mos. 0 ds.
 CONTRIBUTORY (SECONDARY) 107A (duration) yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED at his homeIF NOT AT PLACE OF DEATH ✓DID AN OPERATION PRECEDE DEATH? no DATE OF ✓WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? none(Signed) A.T. Kirkpatrick M. D., 19 30 (Address) Palmer 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

DATE OF BURIAL

Clubb Cemetery Aug. 2, 1930

20. UNDERTAKER

ADDRESS

Amelia Kerr Gipay Mo

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.

