1930

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

Do not use this space.

29499

1. PLACE OF DEATH
County Davies — Registration District No. 250 — File No.
Township Union — Primary Registration District No. 5348 — Registered No. 587
City (No. St. Ward)

2. FULL NAME Frank A. Youtsey
(a) Residence. No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 26 1890

7. AGE: YEARS 39 — MONTHS 10 — DAYS 22 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Agriculture
(b) General nature of industry, business, or establishment in which employed (or employer): farming
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Davies Co. Mo.

PARENTS
10. NAME OF FATHER: Edward T. Youtsey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Davies Co. Mo.
12. MAIDEN NAME OF MOTHER: Mary McDow
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Davies Co. Mo.

14. INFORMANT (Address): Ed T. Youtsey, Gallatin, Mo.

15. FILED 9/19, 1930 — P. L. Gardner, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Jany. 1, 1927, to Sept. 18, 1930 that I last saw him alive on Sep. 18, 1930, and that death occurred, on the date stated above, at 10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sarcoma, extraperitoneal
46 C glands
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 49
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
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) M. A. Smith, M. D.
9/18, 1930 (Address) Gallatin 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: Centenary Cemetery — DATE OF BURIAL: 9/19 1930

20. UNDERTAKER: H A Hope — ADDRESS: Gallatin

WHITE PLA... UNEADING ... RMANENT RECORD

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.