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

Do not use this space.

1350

1. PLACE OF DEATH
County Jackson — Registration District No. ____ — File No. ____
Township Kaw — Primary Registration District No. ____ — Registered No. 121
City Kansas City (No. 5532 Locust Street St. ____ Ward)

2. FULL NAME Nels Helge Youngberg

(a) Residence. No. Above St., 6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10/31/1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
	76	2	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired florist
(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) Sweeden

PARENTS
10. NAME OF FATHER unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Sweeden
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Sweeden

14. INFORMANT Pearl Webster (Dau)
(Address) 5532 Locust

15. FILED 1/13, 1931 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 13 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1931, to Jan 13 1931, that I last saw him alive on Jan 10, 1931, and that death occurred, on the date stated above, at 8 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myocarditis

(duration) yrs. 2 mos. 13 ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Randolph K.
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) L. E. Walker, M. D.
Jan 13, 1931 (Address) 925 Argyle Bldg.

*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
Mellody McGilley Funeral RANDOLPH KANSAS — DATE OF BURIAL 1/15/31

20. UNDERTAKER Mellody McGilley Fu. Home — ADDRESS K.C.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.