

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

Do not use this space.

14587

**1. PLACE OF DEATH**

County Jasper Registration District No. 411 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
 City Joplin (No. 309) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Benjamin Franklin Younger  
 (a) Residence, No. 309 North 13th St. Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

|   |  |   |
|---|--|---|
| 3. SEX<br><u>Male</u>   | 4. COLOR OR RACE<br><u>White</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widower</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED<br>HUSBAND OF (OR) WIFE OF <u>Mary Younger</u>             |  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>Unknown</u>                                       |  |   |
| 7. AGE<br><u>90</u>   | YEARS<br><u>about</u>  | MONTHS<br><u>15</u>   |
|   | DAYS<br><u>3</u>   | IF LESS than 1 day, _____ hrs. or _____ min.                                |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Retired</u>                                      |   |
|   | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>Grocery merchant</u>                                      |   |
|   | 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation<br><u>20 years Retired</u> |   |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Woodford Co. Illinois</u>                |  |   |
| MOTHER  | 13. NAME <u>Benjamin Younger</u>   |   |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Illinois</u>  |   |
|   | 15. MAIDEN NAME <u>Not known</u>   |   |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Illinois</u>  |   |
| 17. INFORMANT <u>Mrs. Gertrude Bliss</u><br>(ADDRESS) <u>309 No. 13th</u>                       |  |   |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Columbus City</u> DATE <u>Apr 12</u> 19 <u>31</u> |  |   |
| 19. UNDERTAKER <u>John P. Ruhlberg</u><br>(ADDRESS) <u>Columbus City, Mo.</u>                   |  |   |
| 20. FILED <u>4-12</u> 19 <u>31</u> <u>at Benson Clark</u><br>Registrar.                         |  |   |

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/10 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr 2 1931 to April 10 1931.  
 I last saw him alive on April 9 1931. Death is said to have occurred on the date stated above, at 5A m.  
 The principal cause of death and related causes of importance were as follows:  
97  
162 Arterio Sclerosis  
Senility  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation None Date of \_\_\_\_\_  
 What best confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. (1)

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify Heroy H. Baxter, M. D.  
 (Signed) \_\_\_\_\_ (Address) Joplin - 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. MAY 25 1931

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