

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

Do not use this space.

**1. PLACE OF DEATH**

County.....**Buchanan**.....

Registration District No. **85**

Township.....

Primary Registration District No. **1001**

City.....**St Joseph**.....

(No. **St Joseph Hospital**)

20634  
File No. ....  
Registered No. **620**  
St. .... Ward)

**2. FULL NAME** **Ama Elizabeth Yunker**

(a) Residence. No. .... St. .... Ward. ....

(Usual place of abode)

**Savannah Missouri**

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. **1** ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

**Female**

**4. COLOR OR RACE**

**White**

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

**Single**

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

**October 19, 1921**

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

**9**

**8**

**2**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Student**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

**Andrew Co.**

(STATE OR COUNTRY)

**Missouri**

**10. NAME OF FATHER**

**Nicklaus Yunker**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

**Unknown**

(STATE OR COUNTRY)

**Switzerland**

**12. MAIDEN NAME OF MOTHER**

**Rosalie Eymen**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

**Unknown**

(STATE OR COUNTRY)

**Switzerland**

**14.**

INFORMANT.....**N. Yunker**

(Address) **R F D Savannah Mo.**

**15.**

FILED **6-21 1931** **John R. Bender**

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

**June 21 1931**

**I HEREBY CERTIFY, That I attended deceased from May 15, 1931, to June 21, 1931, that I last saw him alive on June 15, 1931, and that death occurred, on the date stated above, at 12:30 P. M.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Acute Intestinal Obstruction**  
**12:30 P**

**CONTRIBUTORY (SECONDARY)**

(duration) yrs. mos. **2** ds.

**Pertinent Adhesions**

(duration) yrs. mos. **per** ds.

**17. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

**Savannah, Mo.**

**DID AN OPERATION PRECEDE DEATH?**

**yes** DATE OF **June 20-1931**

**WAS THERE AN AUTOPSY?**

**yes** **Carl R. Pote**

**WHAT TEST CONFIRMED DIAGNOSIS?**

**autopsy**

(Signed)..... M. D.

**June 21 1931** (Address) **731 Taram St. Joseph**

\*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**

**Amazonia Mo.**

**DATE OF BURIAL**

**June 23 1931**

**20. UNDERTAKER**

**H.C. Sidenfaden**

**ADDRESS**

**1802 Union st.**

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.

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

JUL 22 1931

