

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

Do not use this space.

38565

1. PLACE OF DEATH

County Pettis Registration District No. 668
 Township Sedalia Primary Registration District No. 5889
 City Sedalia (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 319

2. FULL NAME

Infant of R. E. Yount.
 (a) Residence, No. _____ St., _____ Ward. _____
 (Usual place of abode) Route to Sedalia (If nonresident, give city or town and State)

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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-5-1931
 7. AGE YEARS MONTHS DAYS If LESS than 1 day 17 hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia Mo.

FATHER 13. NAME R. E. Yount.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw Benton Co. Mo.

MOTHER 15. MAIDEN NAME Jessie Horton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co. Mo.

17. INFORMANT R. E. Yount
 (ADDRESS) Sedalia

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 11/7/31 19.

19. UNDERTAKER McLaughlin Bros
 (ADDRESS) Sedalia Mo.

20. FILED 11-7 1931 J. S. Love
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6, 1931
 22. I HEREBY CERTIFY, That I attended deceased from 11-5, 1931, to 11-6, 1931
 I last saw him alive on 11-6, 1931. Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:
Defect foramen ovale
157° blue baby
 Date of onset _____
 Other contributory causes of importance: outward

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? N.U. 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. _____
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) R. E. Yount, M. D.
 (Address) Sedalia 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.

REC-22-37
 1931/11/23

