

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.

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

Do not use this space.

15561

## 1. PLACE OF DEATH

County CedarRegistration District No. 165Township StocktonPrimary Registration District No. 4087City Stockton

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

2. FULL NAME Thomas Armintha Younger

(a) Residence, No. \_\_\_\_\_

St. \_\_\_\_\_

Ward \_\_\_\_\_

(Usual place of abode)

(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

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OFW. W. Younger

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

Oct. 28, 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.169616

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Housekeeper9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.23510. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Cambridge Mo.

13. NAME

Rufus Roundtree14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)31

15. MAIDEN NAME

Lucretia Hopkins16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Farmington Mo.17. INFORMANT  
(ADDRESS)John J. Smith

18. BURIAL, CREMATION, OR REMOVAL

PLACED in Grave DATE May 16 193219. UNDERTAKER  
(ADDRESS)W. W. Davis & Co.

20. FILED

June 1932 E. S. Smith  
Stockton, Mo. Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

May 14 1932

22. I HEREBY CERTIFY, That I attended deceased from

May 14 1932, to May 14 1932I last saw her alive on May 14 1932 Death is saidto have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

9:10 94-A

Other contributory causes of importance:

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? \_\_\_\_\_ 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) H. A. Simrell, M. D.(Address) Stockton Mo.

Thomas  
Carter

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64. 6-16