

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.

JUL 21 1932

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

Do not use this space.

18744

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph,

(No. 2419 St. Joseph Avenue,

File No.

Registered No. 579

St. _____ Ward _____

2. FULL NAME George Washington Younger,

(a) Residence, No. _____

St. _____

Ward _____

Easton, Mo.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. _____

mos. _____

4 da. _____

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)

Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Sophia Younger,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11, 1867

7. AGE

YEARS

64

MONTHS

9

DAYS

3

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Farm

10. Date deceased last worked at this occupation (month and year) June 1932

11. Total time (years) spent in this occupation 40

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

Easton, Missouri,

MOTHER FATHER

13. NAME

John Younger,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown, Unknown,

15. MAIDEN NAME

Armelda Blakeley,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown, Kentucky,

17. INFORMANT (ADDRESS)

Mrs. E. A. Olson 2419 St. Joseph Avenue,

18. BURIAL, CREMATION, OR REMOVAL

PLACE Blakeley Cem. DATE June 16, 1932

19. UNDERTAKER (ADDRESS)

Heaton, Blythe, & Bowman 319 S. 10th St. Funeral Home

20. FILED

JUL 16 1932

John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from

June 10, 1932 to June 14, 1932

I last saw him alive on June 14, 1932 Death is said

to have occurred on the date stated above, at 6:35 p.m.

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

Heart disease chronic myocardial with inter
myocardial
1246

Other contributory causes of importance:

arteriosclerosis of living

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) _____, M. D.

(Address) _____

NEW YORK, N.Y.

MEMORANDUM FOR THE DIRECTOR

DATE: 10/10/50

RE: [Illegible]

ALBANY, N.Y.

NEW YORK, N.Y.

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