

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

Do not use this space.

31768

1. PLACE OF DEATH

24 County Clay
3 Township Liberty
4 City Liberty (No. _____)

Registration District No. 201

Primary Registration District No. 3017

File No. _____

Registered No. 88

2. FULL NAME

(a) Residence, No. David Yingling St. 2nd Ward.
(Usual place of abode) Moss

(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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8, 1932

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 3 hrs. or min. 3

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

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

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) Liberty Missouri

13. NAME David Yingling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty Co. Missouri

15. MAIDEN NAME Mary Ross

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Canton Ohio

17. INFORMANT (ADDRESS) David Yingling Liberty Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview, Liberty DATE Oct 9, 1932

19. UNDERTAKER (ADDRESS) Church Archer Liberty Mo.

20. FILED 11/10/32 19 W. A. Goodson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1932, to Oct 8, 1932

I last saw h. na alive on Oct 8, 1932 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:

159c
Asphyxiation
from failure of lungs
due to cold.

Other contributory causes of importance: _____

159c

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? no

If so, specify _____ (Signed) Austin Malley, M. D.

(Address) Liberty Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 22 1932

