

SEP 26 1933

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

Do not use this space.

27274

1. PLACE OF DEATH

80 County Pettis Registration District No. 668
Township Sedalia Primary Registration District No. 3032
City Sedalia (No. 721 E. 9th) St. Mo. Ward 192

2. FULL NAME

Carl Franklin Yunker
(a) Residence, No. 721 E. 9th St. Mo. Ward 192
(Usual place of abode)

Length of residence in city or town where death occurred 9 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 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 Ms Clara Yunker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25, 1894

7. AGE YEARS 39 MONTHS 3 DAYS 8 If LESS than 1 day, hrs. or mins.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Traveling salesman

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) July 1931 11. Total time (years) spent in this occupation 4 yrs

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

13. NAME Frank Yunker

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

15. MAIDEN NAME Clara J. Bolton

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

17. INFORMANT (ADDRESS) Mrs F F Yunker

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 8-5 1933

19. UNDERTAKER (ADDRESS) Me Laughlin Bros Sedalia Mo

20. FILED Aug 4, 1933 Jean Slack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-27, 1933, to 8-3, 1933

I last saw him alive on 8-3, 1933 Death is said to have occurred on the date stated above, at 12:45 a.m.

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

Encephalitis
Broncho-pneumonia

Other contributory causes of importance: 78

Name of operation Exam Date of No
What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury No

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify No

(Signed) H B Morton, M. D.
(Address) Sedalia Mo

