

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.

WHITE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

37040

**1. PLACE OF DEATH**

County Laverence  
 Township Buck Prairie  
 City Marionville (No. ....)

Registration District No. 468  
 Primary Registration District No. 5629

File No. ....  
 Registered No. 41  
 St. .... Ward)

**2. FULL NAME**

Charles Youckum

(a) Residence, No. .... St., .... Ward.  
 (Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3 1878  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
55      2      13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming  
 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) Laverence Co. Mo.

13. NAME Marion Youckum

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

15. MAIDEN NAME Mattie E. Butler

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

17. INFORMANT Frank Youckum (ADDRESS) Marionville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marionville DATE Nov. 17 1933

19. UNDERTAKER Arthur Woodford (ADDRESS) Marionville, Mo.

20. FILED Dec 9 1933 Raura O. Cannady Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-15 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2nd 1933, to Nov. 16th 1933.

I last saw him alive on Nov. 15 1933. Death is said

to have occurred on the date stated above, at 9:00 P.M.

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

Cholecystitis (Perforated) Date of onset Nov. 2nd

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Symptoms. Was there an autopsy? no

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? yes

If so, specify

(Signed) F. W. Lexter, M. D.

(Address) Marionville Mo.

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