

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

Do not use this space.

1. PLACE OF DEATH

County Benton
Township Union
City (No.)

Registration District No. 64
Primary Registration District No. 5701

File No. 15721
Registered No. 2
St. Ward

2. FULL NAME

B. J. Yount
(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 <u>m.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>m.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Yount</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug. 9, 1861</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>9</u>
	DAY <u>4</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farming</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Jake Yount</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Tenn.</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Don't Know</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Don't Know</u> (STATE OR COUNTRY)

14. INFORMANT J. P. Yount
(Address) Warsaw Mo

15. FILED May 15, 1934 M. G. Watson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-13-1934

17. I HEREBY CERTIFY, That I attended deceased from 5-12-1934 to 5-13-1934, 1934
that I last saw him alive on 5-13-1934 and that death occurred, on the date stated above, at m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
11B Influenza
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 11B
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

19. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Heckert, M. D.
(Signed) , 19 (Address) Warsaw Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Massy Cemetery</u>	DATE OF BURIAL <u>May 14, 1934</u>
20. UNDERTAKER <u>B. M. White</u>	ADDRESS <u>Warsaw Mo</u>

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.

JUN 20 1934

2
2
2

WRITE PRINTED WITH INK

