SEP 12 1934

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

Do not use this space.

File No. 28411
Registered No. 996

1. PLACE OF DEATH

County Buchanan Registration District No.
Township Primary Registration District No.
City St. Joseph, (No. 1517 Seymour, St. Ward)

2. FULL NAME Letha I. Younger

(a) Residence, No. 901 1/2 South 9th, St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 27 yrs. 6 mos. 29 ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John E. Younger,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 24, 1907

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	27	6	29	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) August 1934 11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri

FATHER

13. NAME William Porter,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri,

MOTHER

15. MAIDEN NAME Kate Hawkins,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri,

17. INFORMANT (ADDRESS) John E. Younger 901 1/2 South 9th. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Register Cem. DATE Aug. 24th, 1934

19. UNDERTAKER (ADDRESS) Heaton-Bigoe-Bowman 319 So. 10th. St. Funeral Home

20. FILED SEP 4 1934 John R. Bentley Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 22, 1934, to Aug 23, 1934

I last saw her alive on Aug 22, 1934. Death is said to have occurred on the date stated above, at 12:05 a.m.

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

Was called in absence of other physician
History of carcinoma
Bladder —
Cardiac incompetency
Nervous prostration — mental regression
Edema

Date of onset

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Physician 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? No

If so, specify

(Signed) G. Walker, M. D.

(Address) Mercy Hospital

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.

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