

NOV 13 1934

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

Do not use this space.

37394

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **Shrew** (No. **Marion Infirmary**)

File No.
Registered No. **9807**
St. Ward

2. FULL NAME **Mrs. Lillie Younger**

(a) Residence, No. **5351 Delmas** St. **17** Ward.

Length of residence in city or town where death occurred **1** yrs. **4** mos. **26** 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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Younger		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1860		
7. AGE	YEARS 74	MONTHS 0
	DAYS 17	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired	
	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) Burlington, Kan.		
FATHER	13. NAME James Talifaro	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina	
MOTHER	15. MAIDEN NAME Polly Vanover	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia	
17. INFORMANT (ADDRESS) Mrs. W. Waller 5351 Delmas		
18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE Oct. 8 1934		
19. UNDERTAKER (ADDRESS) Stanley Osaw 617 1/2 N. Kansas		
20. FILED OCT - 7 1934 J. F. Bredeck Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 5 1934**

22. I HEREBY CERTIFY, That I attended deceased from **April 5 1923** to **Oct 5 1934**
I last saw him alive on **Oct 5 1934** Death is said to have occurred on the date stated above, at **10:5 p.m.**
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
930
Date of onset **1 yr.**

Other contributory causes of importance:
Penitentiary **6 mos.**

Name of operation Date of
What test confirmed diagnosis? **Phys. Ex.** 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) **John Vanover**, M. D.
(Address) **508 N. Grand Blvd**

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.

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