

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.

AUG 20 1935

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

Do not use this space.
23982

1. PLACE OF DEATH

County.....

Registration District No. 668

Township.....

Primary Registration District No. 3032

City..... SEDALIA

(No. 1716 SQ. OHIO

File No. 213

Registered No. 668

St. Ward)

2. FULL NAME EMMA BELLE YOUNGER

(a) Residence, No. 1716 SO. OHIO

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (use one word)

MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

J. L. YOUNGER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 14 1886

7. AGE

YEARS

48

MONTHS

10

DAYS

19

If LESS than 1

day, ... hrs.

or min.

OCCUPATION

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

AT HOME

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)

MO.

FATHER

13. NAME

ADAM SCOTT

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

MO.

MOTHER

15. MAIDEN NAME

LOUISE LEFTWICH

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

MO.

17. INFORMANT
(ADDRESS)

J. L. YOUNGER

SEDALIA MO.

18. BURIAL, CREMATION, OR REMOVAL

PLACE CROWN HILL

DATE JULY 6

1935

19. UNDERTAKER
(ADDRESS)

GILLESPIE FUNERAL HOME

SEDALIA MO

20. FILED

July 5, 1935 Jean Black

Registrar

MEDICAL CERTIFICATE OF DEATH

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

JULY 3/35

19

22. I HEREBY CERTIFY, That I attended deceased from

April 10 1935 to July 3, 1935

I last saw her alive on July 3, 1935 Death is said

to have occurred on the date stated above, at 8.50 P. m.

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

Rheumatic Endocarditis

Date of onset
April 10
1935

Other contributory causes of importance:

Coronary artery disease

Name of operation

None

Date of

None

What test confirmed diagnosis

Clinical

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?

If so, specify

(Signed)

E. H. Younger

M. D.

(Address)

Sedalia Mo

