

SEP 24 1935

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

Do not use this space.

27188

1. PLACE OF DEATH

County Newton
Township Marion
City (No. _____) _____

Registration District No. 1015
Primary Registration District No. 5817

File No. _____
Registered No. 11
St. _____ Ward _____

2. FULL NAME Vern Curtis Youngblood

(a) Residence, No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27, 1921

7. AGE YEARS 13 MONTHS 10 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

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) Newton Co. Mo

13. NAME Geo. D. Youngblood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton Co. Mo

15. MAIDEN NAME Goldie B. Vance

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton Co. Mo

17. INFORMANT (ADDRESS) Geo. D. Youngblood
Diamond Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Aug 17, 1935 Diamond

19. UNDERTAKER (ADDRESS) Callaway
Marion Mo

20. FILED Aug 16, 1935 U.S. Chapman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1935 to Aug 15, 1935

I last saw him alive on July 30, 1935. 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:

Artic Rigorization

Date of onset July 1935

Other contributory causes of importance:

Measles

Death 1935

Name of operation none Date of _____

What test confirmed diagnosis? none Was there an autopsy? _____

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) R.F. Chatham, M. D.

(Address) Diamond Mo

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.

