

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

Do not use this space.

NOV 21 1935

32675

1. PLACE OF DEATH

County JACKSON Registration District No. _____
Township RAW Primary Registration District No. _____
City KANSAS CITY (No. ST. LUCES HOSPITAL) St. _____ Ward _____

File No. _____
Registered No. 32675
St. _____ Ward _____

2. FULL NAME MRS FLORENCE M YOUNGER

(a) Residence, No. 5011-EUCLID 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

MEDICAL CERTIFICATE OF DEATH

3. SEX FEMALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF COLEMAN C. YOUNGER		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH-12-1895		
7. AGE	YEARS	MONTHS
	40	6
		26
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE		
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) WINNEPEG CANADA		
13. NAME UNKNOWN THOMAS		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WINNEPEG CANADA		
15. MAIDEN NAME UNKNOWN		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WINNEPEG CANADA		
17. INFORMANT (ADDRESS) MR. COLEMAN C. YOUNGER 5011-EUCLID AVE.		
18. BURIAL, CREMATION, OR REMOVAL PLACE MT MORIAH DATE OCTOBER 9 1935		
19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS KANSAS CITY, MISSOURI		
20. FILED 10/8 19 <u>35</u> M. M. Brown Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **OCTOBER 7 1935**

22. I HEREBY CERTIFY, That I attended deceased from **9/27/35**, 19____, to **10/7/35**, 19____
I last saw **her** alive on **10/7/35**, 19____. Death is said to have occurred on the date stated above, at **10:10A.M.**
The principal cause of death and related causes of importance were as follows:
Pulmonary Embolism (Date of onset **10/7/35**)
Other contributory causes of importance:
Hypertension (Date of onset **9/28/35**)
Arteriosclerosis (Date of onset **9/28/35**)
Name of operation _____ Date of _____
What test confirmed diagnosis? **Autopsy** Was there an autopsy? **Yes**

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) **M. M. Brown**, M. D.
(Address) **1500 W. 11th St.**

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

1500 Professional Bldg.
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