

JAN 3 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

40576

 File No. 361
 Registered No. 668
 St. _____ Ward)

1. PLACE OF DEATH

 County Pettis
 Township _____
 City Sedalia (No. _____)

 Registration District No. 668
 Primary Registration District No. 3092

2. FULL NAME

(a) Residence, No. Sedalia R.R. #3 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. 15 mos. ds. _____ How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Jean Yount</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec-20-1863</u>		
7. AGE <u>71</u>	YEARS <u>11</u>	MONTHS <u>14</u>
		DAY <u>14</u>
		IF LESS than 1 day, _____ hrs. _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>Retired</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Displeasure</u>
	10. Date deceased last worked at this occupation (month and year) _____
	11. Total time (years) spent in this occupation _____

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>
	13. NAME <u>Henry Clay Yount</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>
	15. MAIDEN NAME <u>Caroline E. Kinson</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>

17. INFORMANT (ADDRESS) <u>Mrs D. N. Yount</u> <u>Sedalia R.R. #3</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crown Hill</u> DATE <u>12-6-1935</u>
19. UNDERTAKER (ADDRESS) <u>McLaughlin Bros</u> <u>Sedalia</u>
20. FILED <u>12-6-</u> 19 <u>35</u> <u>John Slack</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-4- 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on Nov 4, 1935 Death is said

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

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

Date of onset

Cerebral Hemorrhage

arteriosclerosis

Other contributory causes of importance
arteriosclerosis
over education

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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. B. Smalley, Jr., M. D.(Address) Sedalia Mo

n. e. - 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.

Edward
Hunt