FEB 11 1936

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

Do not use this space.

3128

File No.

Registered No. 350

791

1. PLACE OF DEATH

County

Registration District No. 1009

Township

Primary Registration District No.

City St Louis (No. 2835, Lafayette Ave St. Ward)

2. FULL NAME Jackie Jean Yount

(a) Residence, No. 2835 Lafayette Ave St., 23 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
----------	6	~~6~~ 1	

OCCUPATION

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

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) Patton Missouri

FATHER

13. NAME Emmett Yount

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

MOTHER

15. MAIDEN NAME Wilma Davis

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

17. INFORMANT Emmett Yount
(ADDRESS) 2835 Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Patton Mo DATE Jan 7 1936

19. UNDERTAKER R. W. McLaughlin
(ADDRESS) 2817 Lafayette Ave

20. FILED 19
Registrar. J. J. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5, 1936

22. I HEREBY CERTIFY, that I attended deceased from December 11th, 1935, to Jan 5th, 1936
I last saw him alive on January 5th, 1936. Death is said to have occurred on the date stated above, at 6:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

Whooping Cough

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? 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) Dr. J. Jos. Bugelmann, M. D.
(Address) 1626 S. Jefferson Av

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