

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 24 1936

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

Do not use this space.

26779

1. PLACE OF DEATH

County.....

Township.....

City.....

Jackson
Bar City
Kansas City

Registration District No.....

Primary Registration District No.....

(No.).....

399

1002

General Hosp

File No.....

Registered No.....

St.....

3451

Ward.....

2. FULL NAME

(a) Residence, No.....

(Usual place of abode)

St.....

Ward.....

Mrs. Edw. Boyer Younger

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Fe

4. COLOR OR RACE

Wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Chas. Younger

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

Dec 24 1873

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

62

6

28

OCCUPATION

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)

Indiana

MOTHER FATHER

13. NAME

Oliver Boyer

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

Unknown

15. MAIDEN NAME

Betty Sutridge

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

Indiana

17. INFORMANT (ADDRESS)

Chas. Younger

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Perry, Kans.

DATE

July 23 36

19. UNDERTAKER (ADDRESS)

Robert Newcomer Sons

2111 E 9th, Kansas

20. FILED

July 22 1936

M. M. Brown

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-22-36 19

22. I HEREBY CERTIFY, That I attended deceased from

Deputy Coroner

I last saw all on 19

to have occurred on the date stated above, at 7:30 A.M.

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

Carcinoma, Breast

Date of onset

See reports

Other contributory causes of importance:

Name of operation Date

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) Russell W. Jewett, M. D.

(Address)

2101 W. 9th

