

AUG 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Township

City St. Joseph

(No.

Registration District No. 85Primary Registration District No. 1001St. Joseph HospitalFile No. 26660Registered No. 746

St.

Ward)

2. FULL NAME

(a) Residence, No. 920 N. 2d

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 7

mos.

ds.

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

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

W

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

married

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

Carl Youngblood

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

Feb. 22 - 1907

7. AGE

30

YEARS

MONTHS

4

DAYS

9

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)

New York City N. Y.

13. NAME

Jacob Slower

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

unknown unknown

15. MAIDEN NAME

unknown

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

unknown unknown

17. INFORMANT

(ADDRESS) Carl Youngblood 920 N. 2d St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE SavannahDATE July - 4 - 1937

19. UNDERTAKER

(ADDRESS) Fred Terhune Savannah Mo.

20. FILED

July, 1937A. Hestebush Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from

June 24, 1937, to July 1, 1937I last saw him alive on July 1, 1937. Death is saidto have occurred on the date stated above, at 5 a. m.

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

Date of onset

Sub acute cholelithiasis with stones

Other contributory causes of importance:

cholelithiasis 126

Name of operation

CholecystectomyDate of June 30, 37

What test confirmed diagnosis?

XWas there an autopsy? N

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)

H. J. Wallace

M. D.

(Address)

301 N. 8 St. Joseph 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.

