

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 WASHINGTON
 City ST. JOSEPH, MO.

Registration District No. 85
 Primary Registration District No. 1001
 (No. 2711 MITCHELL AVE)

File No. 26731
 Registered No. 819
 St. _____ Ward _____

2. FULL NAME HELEN M. YOUNGMAN

(a) Residence, No. 2711 MITCHELL AVE St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. 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 WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF G.A. YOUNGMAN
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 18TH. 1855
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
81 7 5

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) UNKNOWN (STATE OR COUNTRY) IOWA.

13. NAME ELI KEHLER
 14. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) PENN.

15. MAIDEN NAME AMANDA TRIBBEY
 16. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) PENN.

17. INFORMANT MISS ADELINE DIXON (ADDRESS) 2711 MITCHELL ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE JAMESON, MO. DATE JULY 26TH. 1937

19. UNDERTAKER FLEEMAN & SON, INC. (ADDRESS) 1946 CALHOUN ST. JOSEPH, MO.

20. FILED July 24, 1937 R.J. Neill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 23TH. 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1937., to July 23, 1937.

I last saw h. ER... alive on July 23, 1937. Death is said to have occurred on the date stated above, at 10.30 AM.

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

Coronary Heart failure

Date of onset 7-18-37

Other contributory causes of importance:

Fractured hip
Decubitus ulcer
Advanced age

1-22-37
3-10-37

Name of operation ✓ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury 7-23-37

Where did injury occur? Home
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fell at home

Nature of injury Fractured hip

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Thomas Redmond, M. D.

(Address) 302 P. O. Bldg.

WRITE PLAINLY, WITH SUPPLYING INITIALS. THIS IS A PERMANENT RECORD.

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.

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