

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

Do not use this space.

**OCT 19 1937**

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City, Mo. (No. Conley Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 33242  
 Registered No. 3509

2. FULL NAME Younkin, Betty Lee  
 (a) Residence, No. 427 S. Brighton 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF --  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18, 1925  
 7. AGE YEARS 11 MONTHS 9 DAYS 19 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School  
 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) Missouri

FATHER 13. NAME Ralph E Younkin

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

MOTHER 15. MAIDEN NAME Florence Abbott

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

17. INFORMANT Ralph E. Younkin  
 (ADDRESS) 427 S. Brighton, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE Sept. 10-37

19. UNDERTAKER C. H. Blackman & Son, Inc.  
 (ADDRESS) 2625 Indep. Blvd. K.C. Mo.

20. FILED Sept 9 1937 M. M. Brown  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7 - 1937  
 22. I HEREBY CERTIFY, That I attended deceased from June 25, 1937 to Sept. 7, 1937  
 I last saw her alive on Sept. 7, 1937. Death is said to have occurred on the date stated above, at 5 P. a.m.  
 The principal cause of death and related causes of importance were as follows:

Adynamic Illness Date of onset 7-4-37

Other contributory causes of importance: 121  
Appendicitis 6-20-37

Name of operation Appendectomy Date of Sept. 1-37  
 What test confirmed diagnosis Blind count 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) Margaret Jones  
 (Address) 3620 T. Ave.

WRITE PLAINLY WITH UNFADING INK--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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