

REC'D APR 15 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Adair  
Township Yinwa  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 2  
Primary Registration District No. 5002

File No. 9969  
Registered No. 3

## 2. FULL NAME

Benjamin Franklin Younger 152  
(a) Residence, No. \_\_\_\_\_ 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 / 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
48, 11, 27

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

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) Younger Mo. (STATE OR COUNTRY)

13. NAME James Younger

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

15. MAIDEN NAME Louise Snyder

16. BIRTHPLACE (CITY OR TOWN) Adair Co Mo. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) J. W. H. Younger

18. BURIAL, CREMATION, OR REMOVAL PLACE Younger DATE Feb-28, 1938

19. UNDERTAKER (ADDRESS) W. H. Thrichbaugh

20. FILED 2/24 1938 J. S. Gashwiler Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Dead on arrival, 19\_\_\_\_

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at about 9 P. M.

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

Coronary Occlusion Date of onset \_\_\_\_\_

Other contributory causes of importance: 94B-

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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) E. D. Davis D. O. Coroner

(Address) Hicksville, Mo.

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.

SEP 21 1949