

RECEIVED APR 22 1938

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

Do not use this space.

11733

5882

408

1. PLACE OF DEATH

County Pettis

Township

City Sedalia

(No. 916 East, 7th.

Registration District No. 168

Primary Registration District No. 3032

File No.

Registered No.

St.

Ward

2. FULL NAME

Henry W. Youmans 552

(a) Residence, No. 916 East 7th.

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)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9, 1854

7. AGE

YEARS

83

MONTHS

6

DAYS

27

If LESS than 1 day, ... hrs. or min.

OCCUPATION

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

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)

Unkown

FATHER

13. NAME

"

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

"

MOTHER

15. MAIDEN NAME

"

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

"

17. INFORMANT (ADDRESS)

Pauline Schneider 916 East 7th, Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Crown Hill

DATE

Mar. 8, 1938

19

19. UNDERTAKER (ADDRESS)

Gillespie Funeral Home Sedalia, Mo.

20. FILED

3-7

1938

Jean Elvick Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 6, 1938

19

22. I HEREBY CERTIFY, That I attended deceased from

Mar. 1, 1938, to Mar. 6, 1938

I last saw him alive on Mar. 6, 1938. Death is said

to have occurred on the date stated above, at 10:20 p.m.

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

Prostatic Hypertrophy
Retention of Urine
Arterio-sclerosis (about 1918)

Date of onset

1918

1918

Other contributory causes of importance:

Chronic Interstitial Nephritis

1930

Name of operation

None

What test confirmed diagnosis

Clinical & Laboratory

Date of

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)

J. W. Boger, M. D.
Sedalia, Mo.

(Address)

