

REC'D MAY 18 1938

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

14522

Do not use this space.

1. PLACE OF DEATH

(a) County Douglas Registration District No. 974
(b) Township Springcreek Primary Registration District No. 5382
(c) City Smallett, Mo. (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Cora Youngblood

(a) Residence, No. Smallett, Missouri St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	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 Lester Youngblood		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-27-1900		
7. AGE YEARS 38	MONTHS 0	DAYS 28
If LESS than 1 day,hrs. ormin.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife	
	9. Industry or business in which work was done, as 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) Ozark Co. Mo.		
FATHER	13. NAME Bill Duckworth	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co. Mo.	
MOTHER	15. MAIDEN NAME Mary Butttrum	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ozark Co. MO.	
17. INFORMANT (ADDRESS) Milda Surquime Smallett-Missouri		
18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove DATE 3 20 38		
19. FUNERAL DIRECTOR (ADDRESS) People		
20. FILED 4 12 38 Dora Mendel Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-25-1938** 19

22. I HEREBY CERTIFY, That I attended (deceased from) **Mar 20 1938** **Mar 25 1938**
I last saw him alive on **Mar 24 1938** Death is said to have occurred on the date stated above, at **12 am**.

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

measles causing Bowell hemorrhage for 6 days also a mis. cause on day of death.

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) **J. C. Ellis** M. D.(Address) **Walnut Grove**

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)