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 23 1932

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

Do not use this space.

26055

1. PLACE OF DEATH

46

County Howell — Registration District No. 387

Township Dry Creek — Primary Registration District No. 5540

City Pomona, Mo. (No. ..... St. ..... Ward)

File No. .....

Registered No. 121

2. FULL NAME Jack A. McDill (Adopted)

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Sept. 20/ 1911

7. AGE: YEARS 20 — MONTHS 11 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): New York City

FATHER

13. NAME: Jacob Youngbluth.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York City.

MOTHER

15. MAIDEN NAME: Barbery Smith.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Your City.

17. INFORMANT (ADDRESS): Mrs Clarence McDill. Willow Springs. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetary DATE Sept. 2d. 1932

19. UNDERTAKER (ADDRESS): T. R. Burns & Son. Willow Springs. Mo.

20. FILED 9/1 1932 Mattie D. Ramer Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 31 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1932, to Aug 31, 1932

I last saw him alive on Aug 31, 1932. Death is said to have occurred on the date stated above, at 8:20 P.M.

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

Myocarditis probably specific in as much as he had wass4 plus

Date of onset: Aug 26.

54 135A 93B

Other contributory causes of importance:

Removed 132 grains parafin from urinary bladder. (1)

Name of operation: Suprapubic Cystotomy Aug 26.

Finding parafin in bladder

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?

If so, specify

(Signed) D D Cox, M. D.

(Address) Pomona Mo