

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

Do not use this space.

29423
75-2

1. PLACE OF DEATH

County..... Harrison Registration District No. 334
Township..... Cypress Primary Registration District No. 5461
City..... (No., St. Ward)

2. FULL NAME Karl Youngman

(a) Residence, No. St. Ward. (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 single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 5 17

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

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) Sept 1 1933 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co. Mo.

13. NAME Frank Youngman

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

15. MAIDEN NAME Dora Tilley

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

17. INFORMANT Foy Ward
(ADDRESS) Bethany, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Tilley Cemetery DATE 9/7/1933

19. UNDERTAKER Charles Williams
(ADDRESS) Washburn Mo

20. FILED 9-11 1933 W. J. Warner
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from viewed the body

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at 12 noon

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

Suicide - firing left barrel of 12 gauge shot-gun into head

Date of onset

Other contributory causes of importance:

167 167

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? Suicide Date of injury Sept 4 1933

Where did injury occur? Cypress township Harrison Co Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

In ditch 2 miles from home

Manner of injury 12 gauge shot-gun

Nature of injury top of skull cont'ds blown away

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

Jayes P. Rayner, Coroner

(Address) Rayway Mo, M. D.

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 26 1933

WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

