NOV 19 1937

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

Do not use this space.

38146

1. PLACE OF DEATH

County Livingston — Registration District No. 1076 — File No. 10

Township Grand River — Primary Registration District No. 5681 — Registered No. 10

City Meadville, Mo. — St. — Ward)

2. FULL NAME Frank L. Youngs.

(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Jane Galpin Youngs.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 21, 1853.

7. AGE — YEARS: 84 — MONTHS: — DAYS: 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) Broome Co. New York.

FATHER

13. NAME John Youngs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER

15. MAIDEN NAME Dotia Silliman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Sarah Youngs Meadville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Meadville, Mo. DATE Oct. 16, 1937

19. UNDERTAKER (ADDRESS) W. G. Thorne Laclede, Mo.

20. FILED Oct. 15, 1937 Mrs. Chas. Ludwig Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from June, 1930 to Oct 14, 1937

I last saw him alive on Oct 14, 1937. Death is said to have occurred on the date stated above, at 11:30 p.m.

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

Chronic Interstitial Nephritis — Date of onset 1930

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Other contributory causes of importance:

Senility & Arterio Sclerosis

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? No

If so, specify

(Signed) J. W. Hardy, M. D.

(Address) Sumner Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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