

APR 10 1939

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

10360
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 121
(b) Township 11 Primary Registration District No. 3009 Registered No. 91
(c) City Osceola (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

(a) Residence, No. 521 Cara Youngblood St. (Usual place of abode, if no street address, write county or city)
South Cape Girardeau (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Archie Youngblood
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26 1889
7. AGE YEARS 50 MONTHS 1 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.
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. wife
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) Indiana
13. NAME Dont Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
17. INFORMANT (ADDRESS) Archie Youngblood
Cape Girardeau
18. BURIAL, CREMATION, OR REMOVAL PLACE Cape DATE 3/10 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Spaulding Jew
Cape Girardeau
20. FILED 3-10-39 J.M. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/10 1939
22. I HEREBY CERTIFY, That I attended deceased from 1/6 1939, to 3/10 1939.
I last saw his alive on 3/6 1939. Death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:
Valvular heart murmur mitral stenosis
Date of onset 1910
Other contributory causes of importance: 92W
Name of operation none Date of _____
What test confirmed diagnosis? autopsy Was there an autopsy? yes
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.M. Thompson M. D.
(Address) Cape Girardeau

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

W. H. Estes

or by

Registered Apprentice No., working under my personal supervision.

Signed

W. H. Estes

Licensed Embalmer No.

3568

P. O. Address

Cape Girardeau

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.)

If this body is not embalmed, above space should be left blank.