

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

Do not use this space.

FILED DEC 11 1940
39167

1. PLACE OF DEATH

County McDonald 2 Registration District No. _____
 Township _____ Primary Registration District No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Patsy Ann Yousey
 (a) Residence, No. McDonald Co mo Rural
 (Usual place of abode) (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 T 4. COLOR OR RACE W. 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) Nov-19-36-

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
4 14

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) Jackson, Mo

FATHER
 13. NAME Joe Yousey

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

MOTHER
 15. MAIDEN NAME Mary Gilliland

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

17. INFORMANT (ADDRESS) Joe Yousey

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 12-13-1940

19. UNDERTAKER (ADDRESS) 4110

20. FILED Dec 7 1940 Georgia Carst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-4, 1940

22. I HEREBY CERTIFY, That I attended deceased from 12-3, 1940, to 12-4, 1940

I last saw him alive on 12-4, 1940. Death is said to have occurred on the date stated above, at 2:30 a.m.

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

Surgical diphtheria Date of onset 12-1-40

Other contributory causes of importance: 10

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) Lee O. Greene, M. D.
 (Address) Post Office

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.

RECEIVED

District Health Officer No. 6,

District File Number 1240-3007

Date Filed DEC 11 1940

S-39167

1940