

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

Do not use this space.

2570

1. PLACE OF DEATH

County Moniteau Registration District No. 575
 Township Jeffersonfork Primary Registration District No. 4339
 City Dipton (No. H. Youtz) St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Sarah J. Youtz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 8 - 1842

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>86</u>	<u>9</u>	<u>21</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Jefferson County Penna.
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Youtz

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jefferson Co. Penna.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Harriet Wendell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Madison Vt.
 (STATE OR COUNTRY)

14. INFORMANT Arthur Youtz
 (Address) Dipton Mo.

15. FILED 1/31, 1929 Mrs. C. E. Fry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 29 1929

17. I HEREBY CERTIFY, That I attended deceased from 1-29 1929, to 1-29 1929, that I last saw him alive on 1-29 1929, and that death occurred, on the date stated above, at 8.30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage

CONTRIBUTORY (SECONDARY) Atheroma of Arteries

18. WHERE WAS DISEASE CONTRACTED? At Home
 IF NOT AT PLACE OF BIRTH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none
 (Signed) J. B. Norman, M. D.
 (Address) Dipton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL I.O.O.F. Cemetery DATE OF BURIAL 1/31 1929

20. UNDERTAKER J. H. Imhoff ADDRESS Dipton Mo.

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.

1929
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