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

Do not use this space.

3656

File No. .....
Registered No. 81

1. PLACE OF DEATH
County: Stoddard
Township: .....
City: Dexter (No. ....., ... St. ..... Ward)

Registration District No. 838
Primary Registration District No. 4509

2. FULL NAME: John William Young.

(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. ..... 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*): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Martha Young

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept-30-1849

7. AGE: Years 77 | Months 3 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

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): None at
(c) Name of employer: present

9. BIRTHPLACE (CITY OR TOWN): (?)
(STATE OR COUNTRY): Kansas

PARENTS

10. NAME OF FATHER: Wm Young.
11. BIRTHPLACE OF FATHER (CITY OR TOWN): (?)
(STATE OR COUNTRY): Kansas
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): (?)
(STATE OR COUNTRY): Kansas.

14. INFORMANT: Riley Young
(Address): Dexter Mo.

15. FILED 1/23, 1927. F. LaRue
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan - 22 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan - 22 -, 1927, to Jan - 22 -, 1927 that I last saw b. ~~m~~ alive on Jan 22, 1927, and that death occurred, on the date stated above, at 8 15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic nephritis
(duration) 6 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY): Senility
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Frank LaRue, M. D
, 19 (Address) Dexter 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: Ladd Cemetery
DATE OF BURIAL: 1-24-1927

20. UNDERTAKER: C O Beggs
ADDRESS: Dexter Mo.

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