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

Do not use this space.

6055

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 1257

Township ..... Primary Registration District No. 1003 Registered No. 1257

City St Louis (No. 5900 Nina Place St. ..... Ward)

2. FULL NAME JAMES HENRY YOUNG.

(a) Residence. No. ..... St., 5 Ward. Monroe La.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1. yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White.	Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of the Late Sarak Young.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 26 1852.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	74	9	8.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Insurance Agent

(b) General nature of industry, business, or establishment in which employed (or employer) Life Ins

(c) Name of employer (Retired 10 Years)

9. BIRTHPLACE (CITY OR TOWN) Monroe
(STATE OR COUNTRY) La

PARENTS

10. NAME OF FATHER R.A.Young

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tennessee

12. MAIDEN NAME OF MOTHER Un Known.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Un Known.

14. INFORMANT Mrs E.A. Porter
(Address) 5900 Nina Place.

15. FILED ..... 19 Max C. Starkcoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/3/27 19

17. I HEREBY CERTIFY, That I attended deceased from 2/3/27, 19 2/3/27, 19 that I last saw b ..... alive on 2/3/27 19 ..... and that death occurred, on the date stated above, at 11.50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage
apoplexy
(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Arteria sclerosis
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? [illegible]

DID AN OPERATION PRECEDE DEATH? ver DATE OF .....

WAS THERE AN AUTOPSY? ver

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

2/5/27, 19 (Signed) O. F. Hall M.D.
(Address) Univ Clot Bldg

*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 Monroe Louisiana

DATE OF BURIAL Feb 4. 19 27.

20. UNDERTAKER M. Laughlin

ADDRESS 1631 Missouri

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.