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

Do not use this space 15955 15685

1. PLACE OF DEATH — County: Worth — Township: Grant City — City: Grant City — Registration District No. 903 — Primary Registration District No. 4574 — File No. — Registered No. 5 — (No. ..... St. ..... Ward)

2. FULL NAME: Alonzo L. Young

(a) Residence. No. 1st No 7 St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Mrs A L Young

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 25-1849

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
78	7	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer 99/61 11 69
(b) General nature of industry, business, or establishment in which employed (or employer): " 99
(c) Name of employer: None Don't Know

9. BIRTHPLACE (CITY OR TOWN): Don't Know
(STATE OR COUNTRY): Indiana

PARENTS

10. NAME OF FATHER: Mort Young
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Don't Know
(STATE OR COUNTRY): Don't Know
12. MAIDEN NAME OF MOTHER: Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Don't Know
(STATE OR COUNTRY): Don't Know

14. INFORMANT: Mrs H R Morley
(Address): 317 E Market St Joseph Mo

15. FILED 4/20 19 28 — Registrar

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr 18 - 1928

17. I HEREBY CERTIFY, That I attended deceased from May 16 1916 to Apr 18 1928 that I last saw h.m alive on Apr 18 - 1928, and that death occurred, on the date stated above, at 6 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr myocarditis with general arterio Sclerosis
(duration) a few years yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Flu
(duration) a few yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH ....
DID AN OPERATION PRECEDE DEATH? No. DATE OF -
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? -

(Signed) O. P. M. Mills, M. D
, 19 (Address) Grant City 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	DATE OF BURIAL
Grant City Cem	Apr 20 1928
20. UNDERTAKER	ADDRESS
Andrews Bros	Grant City

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