

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

Do not use this space.

20198

1. PLACE OF DEATH

County Clay Registration District No. 203 File No. _____
Township Platte Primary Registration District No. 5281 Registered No. _____
City Smithville (No. _____) St. _____ Ward _____

2. FULL NAME

Martha Hester Young
(a) Residence No. _____ St. _____ Ward _____ (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED widow (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. G. Young

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-27-1841

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>87</u>	<u>3</u>	<u>17</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Clay Co. Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Chas. A. Mann

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

12. MAIDEN NAME OF MOTHER Elizabeth Blanton

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

14. INFORMANT L. G. Young
(Address) Smithville, Mo.

15. FILED 7/10, 1928 E. C. Hill
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-14-1928

17. I HEREBY CERTIFY, That I attended deceased from 4/12/1928 to 6/13/1928
that I last saw him alive on 4/13/1928, and that death occurred, on the date stated above, at 9:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

82A
97 Central Pneumonia
163
(duration) _____ yrs. _____ mos. 6 da.

CONTRIBUTORY (SECONDARY) arteriosclerosis
family (duration) 8 yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
NOT IN PLACE OF BIRTH

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) P. J. Good, M. D.

(Address) Smithville 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 Smithville, Mo. DATE OF BURIAL 6-16-1928

20. UNDERTAKER W. Thomas Hudt Co. ADDRESS Smithville 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.

