1928

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

Do not use this space.

File No. 24166

Registered No. 43

1. PLACE OF DEATH

County: Jackson — Registration District No.:

Township: Kansas City — Primary Registration District No.:

City: Kansas City — No. 783 S. Mo. Ry. tracks St. Ward)

2. FULL NAME Wm Lee Young

(a) Residence. No. 709 Main 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: think

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 27 - 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	50	11	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: P. J.
(b) General nature of industry, business, or establishment in which employed (or employer): List Const. Co. Vic 9117
(c) Name of employer: 415 Railway Exchange

9. BIRTHPLACE (CITY OR TOWN): Fox Creek
(STATE OR COUNTRY): Virginia

PARENTS

10. NAME OF FATHER: Jos Alexander Young
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Virg
12. MAIDEN NAME OF MOTHER: Drucy Phipps
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): North Carolina

14. INFORMANT: J. H. Young
(Address):

15. FILED: 7-23-1928 Wm. H. Black, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 18 1928 Wednesday

17. I HEREBY CERTIFY, that I attended deceased from ....., 19..... to ....., 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 10.30 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS: Accidental Railway Laceration - multiple Injuries

207 M (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): no automobile involved

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 1880

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Accidental

(Signed) Alex G. Gilmore M. D.

7/18, 1928 (Address) Lynch Funeral

*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
Maple Hill	July 1928

20. UNDERTAKER	ADDRESS
Lynch Funeral Home	180 Linwood

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 404 — File No.:

Township: Washington — Primary Registration District No.: 3555 — Registered No.: 43

City: (No. , St. Ward)

2. FULL NAME: Wm Lee 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M	W	S

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

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

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED 9-7-1928 W. F. Brammer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 18 1928

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , that I last saw h. alive on , 19 , and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) , M. D
, 19 (Address)

*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 July 20 1928

20. UNDERTAKER — ADDRESS

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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