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

Do not use this space.

30896

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kan — Primary Registration District No. 1002 — Registered No. 4[illegible]
City K.C. Mo (No. Old City Hospital St. Ward)

2. FULL NAME Theodosia Young
(a) Residence. No. Old City Hosp St. 2 Ward. (If nonresident give city or town and State)
(Usual place of abode) 1109 Garfield
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 F
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7/19/09
7. AGE Years 19 Months 3 Days 7 If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Memphis Tenn
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Cornelius Young
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Anderson
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Pearl Watson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Anderson
(STATE OR COUNTRY)

14. INFORMANT Deceased's Record
(Address) Old City Hospital

15. FILED 11/7, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/26 1928
17. I HEREBY CERTIFY, That I attended deceased from 10/14, 1928, to 10/26, 1928, that I last saw her alive on 10/26, 1928, and that death occurred, on the date stated above, at 10 25 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Advanced Pulmonary tuberculosis of lungs (Consumption) (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
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18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Positive sputum
10/26 1928 (Signed) H. M. Smith M.D.
(Address) K.C. Old City Hosp.

*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 Westlawn Kansas City Ks — DATE OF BURIAL Oct. 29 1928
20. UNDERTAKER Watkins Bros. — ADDRESS 1729 Lydia

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.

[illegible] IS A PERMANENT RECORD