

DEC 2 1928

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

Do not use this space.

36280

1. PLACE OF DEATH

County Cape Girardeau
Township.....
City..... (No.....)

Registration District No. 125
Primary Registration District No. 3009

File No.....
Registered No. 1247
St..... Ward)

2. FULL NAME

Mattie J. Young
(a) Residence. No. 515 So. Jefferson St.,
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 12-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 | 10 | 24 | —

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)

(STATE OR COUNTRY) Randolph Co.

10. NAME OF FATHER Jos. Hood

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

12. MAIDEN NAME OF MOTHER Mary Fulton

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

14. INFORMANT Miss Nannie Young
(Address) Cape Girardeau Mo

15. FILED 11-6-28 W. Kauffman REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-5 1928

17. I HEREBY CERTIFY, That I attended deceased from 12/24 1928, to 11/5 1928 that I last saw him alive on 11/5 1928, and that death occurred, on the date stated above, at 8:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach and Intestines

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? yes DATE OF 10/31-28

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Effluviary operation
(Signed) How Walker M. D.

11/6 1928 (Address) Cape Girardeau 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 Fairmount Cem. DATE OF BURIAL Nov. 7 1928

20. UNDERTAKER Walther Und. Co Cape Girardeau

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.

