

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

Do not use this space.

37166

1. PLACE OF DEATH

County Jackson
Township Kear
City W. C. Mo (No. 1016 Sec 18)

Registration District No. 399
Primary Registration District No. 1016 Sec 18

File No. _____
Registered No. 4818
St. _____ Ward _____

2. FULL NAME

George R. Young
(a) Residence. No. 1018 W. C. Mo 2 Ward.
(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 27 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
58 10 1

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Dog Racer
(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) Kansas

10. NAME OF FATHER James Young

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

12. MAIDEN NAME OF MOTHER America Taylor

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

14. INFORMANT Mr. America Young
(Address) Mont Rox Mo

15. FILED 11/29/28 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 28 19 28

17. I HEREBY CERTIFY, That I attended deceased from 23rd 1928, to Nov 28 1928 that I last saw him live on Nov 28 1928, and that death occurred, on the date stated above, at 9:15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia from right
nasal vestibulitis, &
Cavernous sinusitis
Broncho-pneumonia

CONTRIBUTORY (SECONDARY) 100% (duration) yrs. mos. ds. 3 da.

18. WHERE WAS DISEASE CONTRACTED? 100% IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Post-mortem findings
(Signed) Dr. Cameron, M. D.
Nov 28, 1928, Address 327 Apple Bluff

*State the DISEASE CAUSING DEATH, or in cases from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL La. Cymn E. Han DATE OF BURIAL Nov 29 19 28

20. UNDERTAKER A. P. Loehler ADDRESS 1415 E 15

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

