

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

Do not use this space.

26073

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **Clayton Hotel**)

File No.....
 Registered No. **7230**
 St. **West Va.** (Ward)

2. FULL NAME

Catherine S. Young
 (a) Residence, No. **Mason Co. West Virginia**, **224** 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. **21** ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF **James Young**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Mar 13 - 1872**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 | **3** | **25** | | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **House-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) **West Virginia**

10. NAME OF FATHER

Otto F. Strubling

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **West Virginia**

12. MAIDEN NAME OF MOTHER

Carolin Neale

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) **West Virginia**

14.

INFORMANT **Otis Young**
 (Address) **Apple Grove, W. Va.**

15.

FILED **Jul 10 1929**
May C. Starkhoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 8th 1929**

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy
52A (No. 1) (duration) yrs. mos. ds.
(No. 2) (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

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) **John J. Hurley**

7/10 1929 (Address) **Deputy Coroner**

*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

Point Pleasant W. Virginia July 10, 1929

20. UNDERTAKER

ADDRESS

Louis H Bopp **Kirkwood 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.

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

235
2

