

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township 1st Primary Registration District No. 2009
City Cape Gir (No. _____) St. _____ Ward _____

File No. 33157
Registered No. 212
St. _____ Ward _____

2. FULL NAME

Johnnie Lee Young
(a) Residence No. _____ St. _____ 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 Female 4. COLOR OR RACE Black 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) Nov 20 - 1917

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>3</u>	<u>10</u>	<u>23</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau
(STATE OR COUNTRY) Mo

10. NAME OF FATHER A. J. Young

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

12. MAIDEN NAME OF MOTHER Maggie McCoy

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

14. INFORMANT Maggie Young
(Address) Cape Girardeau

15. FILED 10/15 19 29 W.C. Rumpfer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-14 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct-14, 1929, to Oct-14, 1929, that I last saw him alive on 10-14-29 7:30 a.m. and that death occurred, on the date stated above, at _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:

105 B
Laryngitis
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) unknown
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 105 B
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? The breathing.
(Signed) A. E. Dalton, M. D.

, 19 _____ (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 Cemetery DATE OF BURIAL Oct 15 1929

20. UNDERTAKER Carberg F. W. Co ADDRESS Speicher

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.

1929

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