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

Do not use this space.

8997

1. PLACE OF DEATH

County Jackson — Registration District No. 289 — File No. 1379

Township Research Hospital — Primary Registration District No. — Registered No.

City Kansas City, Mo. (No. Research Hospital St. Ward)

2. FULL NAME Babe Young

(a) Residence. No. 6035 Tracy St., Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W-
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) Mar 20 1930

7. AGE: Years | Months | Days | If LESS than 1 day, 1 hrs. or 20 min.

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) Research Hospital
(STATE OR COUNTRY) Kansas City, Mo.

PARENTS

10. NAME OF FATHER Floyd Eugene Young
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Le Mars
(STATE OR COUNTRY) Iowa
12. MAIDEN NAME OF MOTHER Joola Hupp
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Chicago
(STATE OR COUNTRY) Ill.

14. INFORMANT Family Mr. & Mrs. F. E. Young
(Address) 6035 Tracy

15. FILED 3/28, 1930 M. M. Crowe
REGISTRAR
Assn

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1930, to Mar 20, 1930 that I last saw him alive on Mar 20, 1930, and that death occurred, on the date stated above, at 4 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature 6 mos.
16CB
159
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Placenta praevia
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Hola

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Don Carlos Guffey, M. D.

3/20, 1930 (Address) 909 Waldheim Bldg.

*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: Pathological laboratory for clinical purposes.

DATE OF BURIAL 19

20. UNDERTAKER

ADDRESS

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.