

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

Do not use this space.

11711

85

PLACE OF DEATH

County Berks

Registration District No. 1001

File No. 421

Township St. Joseph No.

Primary Registration District No. State Hospital # 2,

Registered No. 421

City St. Joseph Mo. (No. State Hospital # 2,)

St. _____ Ward _____

2. FULL NAME

Maud Young

(a) Residence. No. State Hosp # 2 St. Joseph Mo. 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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 22, 1895

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
34 2 9

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Small State Hospital
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Fulton
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER W. D. Mc Intosh

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

12. MAIDEN NAME OF MOTHER Lizzie Sloan

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

14. INFORMANT Hosp. Records

Address State Hosp # 2 St. Joseph Mo.

15. FILED 1930 19 _____ REGISTRAR J. G. [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 2, 1930

17. I HEREBY CERTIFY, That I attended deceased from May 8, 1929, to April 2, 1930, that I last saw her alive on April 2, 1930, and that death occurred, on the date stated above, at 11:57 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
23A
24

(duration) out yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Dementia Precox
(duration) Several yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 31

IF NOT A PLACE OF DEATH at place of death

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical findings
(Signed) George W. Porman, M. D.

April 3, 1930 (Address) State Hosp # 2 St. Joseph Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL State Hospital # 2 DATE OF BURIAL April 9, 1930

20. UNDERTAKER Fleeman Funeral Home ADDRESS 1946 Calhoun

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.

MAILED 22-1930

3/10/2011