

SEP 24 1930

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

Do not use this space.

26376

1. PLACE OF DEATH

County Greene
Township Boone
City (No.) (Ward ..)

Registration District No. 316
Primary Registration District No. 3435

File No.
Registered No. 235
St. Ward)

2. FULL NAME Unmarried Young

(a) Residence. No. (Usual place of abode) St Ward.

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 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) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-22-1930

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

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

9. BIRTHPLACE (CITY OR TOWN) Greene County
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Earl C Young
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Iron Co,
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Maudie Dodd
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Greene Co
(STATE OR COUNTRY) Missouri

14. INFORMANT Earl C Young
(Address) Red Iron Co Mo

15. FILED 9/5 1930 Dr Charles H Orr
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug-23 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug-22 1930, to Aug-23 1930, that I last saw her alive on Aug 22 1930, and that death occurred, on the date stated above, at 11 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Spina Bifida + cerebral tumor
15701 (duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF

15701 WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Charles H McJeffries M. D.
8-23-1930 (Address) ash Grove, 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 Red Iron Cemetery DATE OF BURIAL Aug-24 1930

20. UNDERTAKER Brice Funeral Home ADDRESS Walnut St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

