

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

Do not use this space.

39723

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Fair Primary Registration District No. _____
City Jackson City (No. General Hospital #2) St. _____ (Ward)

File No. _____
Registered No. 5988
St. _____ (Ward)

2. FULL NAME

Willie Young
(a) Residence. No. 928 Campbell St. 2 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 <u>male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unknown</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 13 1886</u>		
7. AGE YEARS <u>44</u>	MONTHS <u>1</u>	DAYS <u>26</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Laborer</u> 10 5 (b) General nature of industry, business, or establishment in which employed (or employer) <u>Unknown</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Pine Bluff Ark

PARENTS	10. NAME OF FATHER <u>John Young</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

14. INFORMANT Regina Clark
(Address) San Hosp #2

15. FILED 12/31 1930 M. M. Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-9-1930
17. I HEREBY CERTIFY, That I attended deceased from 8-24-, 1930, to 12-9-, 1930 that I last saw him alive on 12-9-, 1930, and that death occurred, on the date stated above, at 5:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypostatic Lobes
Pneumonia
10 5
CONTRIBUTORY Chronic rheumatism
(SECONDARY)
unknown (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Laboratory
17 (Signed) D. M. Miller M. D.
/10. 1930 (Address) San Hosp #2
*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 Leeds Cemetery DATE OF BURIAL Jan 19th 1931
20. UNDERTAKER West appleton & son ADDRESS 1610 E 19th

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.

