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.

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

Do not use this space.

14323

File No.
Registered No. 1840

1. PLACE OF DEATH
County Jackson
Registration District No. 399
Township
Primary Registration District No. 1002
City Kansas City (No. 1 Ward Hosp #2, St. Ward)

2. FULL NAME Edward Young
(a) Residence. No. 1716 Lawrence St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unk. 1900.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
31				

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

9. BIRTHPLACE (CITY OR TOWN) Arkansas
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Not known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT
(Address) General Hosp #2

15. FILED 4/20, 1931 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/18 1931

17. I HEREBY CERTIFY, That I attended deceased from 4/15, 1931 to 4/18, 1931, that I last saw him alive on 4/18, 1931, and that death occurred, on the date stated above, at 4 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
108
6 DB (duration) ....yrs. ....mos. ....ds.

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

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) M. Mills, M. D.
4-19, 1931 (Address) Gen'l 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	DATE OF BURIAL
Fort Smith, Ark.	4/20, 1931
20. UNDERTAKER	**ADDRESS**
Hatkins Bros.	1729 Lydia