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.

AUG 26 1931

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

Do not use this space.

24709

1. PLACE OF DEATH

County Franklin — Registration District No. 216 — File No.

Township — Primary Registration District No. 4180 — Registered No.

City Union, (No. , St. Ward)

2. FULL NAME Betty June Irene Young

(a) Residence. No. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 29 1931

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
-------	-----	5	

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) Union,
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Emil J Young

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

12. MAIDEN NAME OF MOTHER Selma D Barlage

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

14. INFORMANT Emil J Young
(Address) Union, Mo.

15. FILED July 15 1931 E. A. Stierberger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to July 4, 1931, that I last saw her alive on July 4, 1931, and that death occurred, on the date stated above, at 6-25 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Malaria

38

38

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) E. A. Stierberger, M. D.

July 5, 1931 (Address) Union 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 Evangelical Zions Church Cemetery Union, Mo.

DATE OF BURIAL July 5 1931

20. UNDERTAKER Union Furniture Co. By W.H. Horn

ADDRESS Union, Mo.