

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

Do not use this space.

1460

**1. PLACE OF DEATH**

49 County Jasper Registration District No. 411  
 7 Township Adleva Primary Registration District No. 2002  
 5 City Jasper (No. N. main St.) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellen Young  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2 1869  
 7. AGE YEARS 62 MONTHS last DAYS 12 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 237  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation ✓

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/14 1932  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1932 to Jan 14 1932  
 I last saw him alive on Jan 7 1932 Death is said to have occurred on the date stated above, at 29 m.  
 The principal cause of death and related causes of importance were as follows:

Chronic nephritis  
131/37  
 Other contributory causes of importance:  
 Date of onset \_\_\_\_\_

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
 FATHER 13. NAME Thos Young  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
 15. MAIDEN NAME Abbeera Ford  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark 2

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

17. INFORMANT (ADDRESS) Jesse Young  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE 1/16 1932  
 19. UNDERTAKER (ADDRESS) Arthur L. Clark  
 20. FILED Jan 16 1932 Arthur L. Clark Registrar.

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) Arthur L. Clark, M. D.  
 (Address) Jasper Mo

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

FEB 24 1932

