

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

Do not use this space.

3438

25

1932
103 PLACE OF DEATH
County Stoddard Registration District No. 836
Township Liberty Primary Registration District No. 6098a
City..... (No.....) St..... Ward.....

File No.....
Registered No.....

2. FULL NAME John Dean Young
(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

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-17-32
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4

8. OCCUPATION OF DECEASED None
(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) Bernie, Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER John D. Young
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Stoddard, Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Stacy Allen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wayne, Mo.
(STATE OR COUNTRY)

14. INFORMANT John Young
(Address) Bernie, Mo.

15. FILED Jan 22 1932 F. Lorena R. Allen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-21 1932
17. I HEREBY CERTIFY, That I attended deceased from 1-17 1932 to 1-21 1932
that I last saw him alive on 1-20 1932, and that death occurred, on the date stated above, at 8:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature birth
159/54
(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?
(Signed) J. Middle M. D.
.19 (Address) Bernie 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 Bernie Mo DATE OF BURIAL 1-22 1932

20. UNDERTAKER B. M. Hopkins ADDRESS Bernie, Mo

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

