

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

Do not use this space.

5664

1. PLACE OF DEATH
 80 County Pettis Registration District No. 668
 4 Township Sedalia Primary Registration District No. 3032
 8 City Sedalia No. 104 Precinct D Perfect
 2. FULL NAME Elmer T Young
 (a) Residence No. 5 Ward 1
 (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.

File No. _____
 Registered No. 33
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

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 _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 21-1890
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
41 | 4 | 15 | _____ | _____
 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) _____ (STATE OR COUNTRY) MO 1
 10. NAME OF FATHER T B Young
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) MO
 12. MAIDEN NAME OF MOTHER Jennie Nash
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) MO

14. INFORMANT Mrs. Elmer Young
 (Address) Sedalia
 15. FILED 2-8-1932
J. Love
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 6 1932
 17. I HEREBY CERTIFY, That I attended deceased from 10-23, 1931, to 2-6, 1932
 that I last saw him alive on 2-5, 1932, and that death occurred, on the date stated above, at 12:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
87A
97
 (duration) 3 yrs. 1 mo. 1 ds.
 CONTRIBUTORY Arterio-sclerosis
 (SECONDARY)
 (duration) 3 yrs. 3 mo. 3 ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) J. W. Boger, M. D.
 , 19 (Address) 120 W 5-

*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 Sedalia MO DATE OF BURIAL Feb 8 1932
 20. UNDERTAKER Georgie Sedalia
 ADDRESS Sedalia

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

