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.

APR 5 1932

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

Do not use this space.

7434

File No. 232

Registered No.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 01

City St. Joseph (No. 2109 St. Joseph Ave. St. Ward)

2. FULL NAME Ora Etta Young

(a) Residence, No. 2109 St. Joseph Ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 30, 1885

7. AGE: YEARS 46 — MONTHS 3 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 235

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Humboldt Kansas 2

FATHER

13. NAME Jacob O. Hutchinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Iowa.

MOTHER

15. MAIDEN NAME Mary Baker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Iowa.

17. INFORMANT (ADDRESS) Harry Young 2109 St. Joseph Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Ashland Cemetery
PLACE St. Joseph Mo. DATE March 9 1932

19. UNDERTAKER (ADDRESS) H. O. Sidenader 1802 Union st St. Joseph Mo.

20. FILED 3-9 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7 1932

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ viewed ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:15P M.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency 92A

92A

Date of onset

Other contributory causes of importance: none (5)

Name of operation ..... Date of .....

What test confirmed diagnosis? History Was there an autopsy? yes

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 .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) B. W. Tadlock-Coroner M. D.

(Address) 821 Francis