

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 30 1932

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

Do not use this space.

11422

1. PLACE OF DEATH

112 County Atchison
Township Jackson
City Atchison (No.)

Registration District No. 899
Primary Registration District No. 6208

File No.
Registered No. 6
St. Ward

2. FULL NAME

Mary Ellen Young
(a) Residence, No. St. Ward
(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 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 John N. Young

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 20, 1856

7. AGE YEARS 75 MONTHS 3 DAYS 4 If LESS than 1 day, hrs. min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 936

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 97

12. BIRTHPLACE (CITY OR TOWN) Atchison Co. Mo. (STATE OR COUNTRY)

13. NAME Ann. N. Hunt

14. BIRTHPLACE (CITY OR TOWN) Perm. (STATE OR COUNTRY)

15. MAIDEN NAME Maria Ellen Hayman

16. BIRTHPLACE (CITY OR TOWN) Atchison Co. Mo. (STATE OR COUNTRY)

17. INFORMANT J. A. Young (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE March 25, 1932

19. UNDERTAKER A. J. M. M. M. (ADDRESS) Marshfield

20. FILED 4-7 1932 Fred R. Whitson Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1932, to March 23, 1932

I last saw her alive on March 23, 1932 Death is said

to have occurred on the date stated above, at 6:30 a.m.

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

Generalized Arteriosclerosis,
Myocardial Insufficiency, Ch.
Epidemic Influenza Date of onset

Other contributory causes of importance:

Hypostatic Pneumonia

Name of operation No. Date of

What test confirmed diagnosis? No. Was there an autopsy? No.

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 C. P. Macdonnell M. D.

(Signed) Tharshfield, Mo.

(Address)

