

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.

JUN 24 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

76-2-1111
Do not use this space.

17041

1. PLACE OF DEATH
 80 County Pettis Registration District No. 668
 4 Township Sedalia Primary Registration District No. 3032
 8 City Sedalia (No. 323 E 14) St. _____ Ward _____
 2. FULL NAME Cynthia Ann 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
 6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about know
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
about 86

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) mo 1

13. NAME Closser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo 31

15. MAIDEN NAME 11

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11

17. INFORMANT (ADDRESS) John Young Sedalia mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Camp Branch DATE 5/11 32

19. UNDERTAKER (ADDRESS) Sedalia mo

20. FILED 5-11-32 J. D. Dora Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1932
 22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1932, to May 9 1932
 I last saw him alive on May 9 1932. Death is said to have occurred on the date stated above, at 12:30 P. m.
 The principal cause of death and related causes of importance were as follows:

chronic myocarditis
1st
131
131
 Other contributory causes of importance:
chronic interstitial nephritis
 Date of onset Dr
in
R

Name of operation none 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? no 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) Closser, M. D.
 (Address) Sedalia Mo.

