

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

Do not use this space.

18558

1. PLACE OF DEATH

County Adair
Township Boston
City Kirkville (No. _____)

Registration District No. 4
Primary Registration District No. 3001

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

2. FULL NAME Mrs S G 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1880

7. AGE YEARS 42 MONTHS = DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 127

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

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

13. NAME Lafayette Hickok

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

15. MAIDEN NAME Johnson

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

17. INFORMANT Mrs Lula Hickok (Daughter) (ADDRESS) Paris Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sanlady (Cem) DATE Jun 28 1932

19. UNDERTAKER Engel & Wagner (ADDRESS) Scotts Bl Co Mo

20. FILED 7/28/32 1932 Mrs O W Becker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/26/1932

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1932, to June 26, 1932. I last saw her alive on June 26, 1932. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:
Bronchial asthma
two or three year duration

Other contributory causes of importance:
Dehydration of right heart

Name of operation _____ 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? _____ 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? _____
If so, specify _____ (Signed) E. Lang M.D.
(Address) Kirkville, Mo.

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.

AUG 22 1932

