

WRITE PLATE 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.

JUL 27 1932

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

Do not use this space.

20515

1. PLACE OF DEATH
 89 County Cass Registration District No. 739
 Township Cassden Primary Registration District No. 44444
 City Cassden (No. 5974) St. _____ Ward _____

2. FULL NAME Joseph Olin 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/15/1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 9 7

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

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) Wellington Mo
Lafayette Co

FATHER 13. NAME Geo W Young
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis MO

MOTHER 15. MAIDEN NAME Emma F Thompson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wellington Mo
Lafayette Co

17. INFORMANT Mabel Reader
 (ADDRESS) Cassden Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cassden Co DATE _____ 19.

19. UNDERTAKER C. V. Gibson
Cassden Mo

20. FILED 1932 22 W W Burgess
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1932

I HEREBY CERTIFY That I attended deceased from June 22, 1932, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:
Apoplexy
Arterio Sclerosis
Arteriosclerosis

Other contributory causes of importance:
Arterio Sclerosis

Date of onset June 22, 1932

Name of operation _____ Date of _____
 What test confirmed diagnosis? History 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 _____
 (Signed) W W Burgess M. D.
 (Address) Cassden, Mo

