

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

Do not use this space.

29288

1. PLACE OF DEATH  
 County Jackson Registration District No. 889 File No. \_\_\_\_\_  
 Township Kan Primary Registration District No. 1000 Registered No. 3461  
 City Kansas City (No. General Hosp #2) St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME Young, Rosie Sue  
 (a) Residence No. 15201 Harrison St. 2 Ward. \_\_\_\_\_  
 (Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Colored 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) May 2, 1911

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>21</u>		<u>8</u>	<u>4</u>	<u>1</u>

OCCUPATION

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. Saunders

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) Arkansas

MOTHER FATHER

13. NAME Sue Young

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 310

15. MAIDEN NAME Alberta Couch

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

17. INFORMANT Record Clerk Gen. Hosp #2 (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE Sept 13 1932

19. UNDERTAKER Adkins Bros (ADDRESS) 2000 E 10th St.

20. FILED Sept 12 1932 M. M. Carver Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-3, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8 27, 1932 to 9-3, 1932  
 I last saw her alive on 9-3, 1932 Death is said to have occurred on the date stated above, at 4:20 p.m.  
 The principal cause of death and related causes of importance were as follows:  
T. B. (Pulmonary) Date of onset \_\_\_\_\_

Other contributory causes of importance: T. B.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Sub. & Clin. 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) D. M. Miller, M. D.  
 (Address) Gen. Hospital #2

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.

