

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

Do not use this space.

31979

File No. _____
Registered No. 70 St. _____ Ward _____

1. PLACE OF DEATH

County Clinton
Township _____
City Platteburg (No. _____)

Registration District No. 207
Primary Registration District No. 4125-

2. FULL NAME

(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 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2, 1932

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18, 1890

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date about 1:30 A.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 41 11 14

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

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

173
1030
Internal hemorrhage from gunshot wound in right lung.

9. Industry, or business in which work was done, as silk mill, saw mill, bank, etc. 207

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

Other contributory causes of importance:
4 173 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platteburg, Mo.

13. NAME Edd Young

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? no

15. MAIDEN NAME Ellen Green

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury Oct. 2, 1932

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

Where did injury occur? Platteburg Mo.
(Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Mrs. Maud E. Young, Platteburg Mo.

Specify whether injury occurred in industry, in home, or in public place. Public place

18. BURIAL, CREMATION, OR REMOVAL PLACE Platteburg DATE 10-4, 1932

Manner of injury: Gunshot
Nature of injury: Hemorrhage

19. UNDERTAKER (ADDRESS) John J. Bricker, Platteburg Mo.

24. Was disease of injury in any way related to occupation of deceased? no
If so, specify _____

20. FILED Oct 8, 1932 Bessie Chastain Registrar.

(Signed) John H. Barrow, M. D.
(Address) Platteburg Mo.

OCT 25 1932

GROUP OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

