

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.

JAN 9 1937

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

Do not use this space.

36084

1. PLACE OF DEATH
 49 County Wape Registration District No. 411
 7 Township Wagon Primary Registration District No. 2002
 5 City Wagon No. 631 St. Wagon Ward) _____
 2. FULL NAME Sarah Bernice 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26 1901

7. AGE YEARS 35 MONTHS 10 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MOTHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas
 13. NAME Viram Patton
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas
 15. MAIDEN NAME Grashear
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT Mrs. Earl C. White
 (ADDRESS) Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Forest Park DATE Nov 7 1937

19. UNDERTAKER Thompson & Sons
 (ADDRESS) Joplin, Mo.

20. FILED 1 1937 W. S. Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Sep 29 1937 to Oct 27 1937
 I last saw her alive on Oct 27 1937 Death is said to have occurred on the date stated above, at 3:25 pm.
 The principal cause of death and related causes of importance were as follows:
Arterio sclerosis
97
 Other contributory causes of importance: 97

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) W. S. Young M. D.
 (Address) Joplin, Mo.

