

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

Do not use this space.

39404

1. PLACE OF DEATH

County Henry Registration District No. 347
Township Clinton Primary Registration District No. 3018
City Clinton (No.) St. Ward.

File No.
Registered No. 152 St. Ward.

2. FULL NAME

Elizabeth Young
(a) Residence, No. 861 E. Franklin 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-15-1836

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
96 2 3

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

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

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) Lincoln County Missouri

13. NAME John Young

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wakarusa Mo

15. MAIDEN NAME Elizabeth Young

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wakarusa Mo

17. INFORMANT (ADDRESS) Rachel Young
Clinton

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebo DATE 12-21-1932

19. UNDERTAKER (ADDRESS) Sigis Funeral Home
Clinton, Mo.

20. FILED 12/21, 1932 Ed C. Peeler Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/18, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9/10, 1932, to 12/18, 1932
I last saw her alive on 12/18, 1932 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:
Pneumonia Chronic Date of onset

Phlebitis Saphenous Lt 12-2-32
10-6-32

Other contributory causes of importance:
Felder's Impaction ①

Name of operation 12-2-32 Date of
What test confirmed diagnosis? 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) Ed. C. Peeler, M. D.
(Address) Clinton 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. JAN 23 1933

