

MAR

3 1933

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

Do not use this space.

2643

1. PLACE OF DEATH

County PettisRegistration District No. 668Township SedaliaPrimary Registration District No. 3932City Sedalia (No. 700 W. Clay)File No. 1Registered No. 1St. Mo. Ward

2. FULL NAME

(a) Residence, No. 700 W. Clay St., Ward,

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

L

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

Aug 3 - 1926

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

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OCCUPATION

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

in School

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)

Sedalia Missouri

FATHER

13. NAME

Harry Young

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

Missouri

MOTHER

15. MAIDEN NAME

Lara Belle Berry

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

Missouri

17. INFORMANT (ADDRESS)

Harry Young 700 W. Clay

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Crown Hill

DATE

1-3-1933

19. UNDERTAKER (ADDRESS)

McLaughlin Bros Sedalia Mo.

20. FILED

1-3-1933J. L. Love

Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-1-193322. I HEREBY CERTIFY, That I attended deceased from 12-23-1932 to 1-1-1933I last saw him alive on 1-1-1933. Death is saidto have occurred on the date stated above, at 6 a.m.

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

Pulmonary T. B. Date of onset 1932

Other contributory causes of importance:

Laringitis12-23-32Name of operation none Date of What test confirmed diagnosis? clinical 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. E. Bess, M. D.(Address) Sedalia 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.

