

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.

MAR 3 1933

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

M. E. Neal  
Do not use this space.

1. PLACE OF DEATH  
80 County Pettis Registration District No. 668  
4 Township Sulphur Primary Registration District No. 3032  
8 City Sulphur (No. 233) So Prospect St. 23 Ward 23  
2. FULL NAME Jessie Neal Young  
(a) Residence, No. 235 So Prospect St. 23 Ward 23  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF T. B. Young  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 28 1858  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 1 20

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

FATHER 13. NAME Minor Neal

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

MOTHER 15. MAIDEN NAME Nancy Amick

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

17. INFORMANT G. H. Young  
(ADDRESS) Sulphur Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Crown Hill DATE 1/20 19 33

19. UNDERTAKER T. L. Young  
(ADDRESS) Sulphur Mo

20. FILED 1-12 19 33 J. H. M.

Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 19 33

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 19 33 to Jan 18 19 33  
I last saw her alive on Jan 18 19 33 Death is said to have occurred on the date stated above, at 6 P. M.  
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis  
23A  
11A 23  
Other contributory causes of importance:  
hypertension

Name of operation W Date of W

What test confirmed diagnosis? W Was there an autopsy? W

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? W Date of injury W 19 33

Where did injury occur? W (Specify city or town, county, and State)

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

Manner of injury W

Nature of injury W

24. Was disease or injury in any way related to occupation of deceased? W

If so, specify W

(Signed) C. H. Young M. D.

(Address) Sulphur Mo

