

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

Do not use this space.

5573

1. PLACE OF DEATH

County Jackson Registration District No. 396
 Township Blue Mt. W. Range Primary Registration District No. 3772
 City Independence (No. _____)

File No. _____
 Registered No. 6
 St. _____ Ward _____

2. FULL NAME

George H. Young
 (a) Residence No. Jackson Co. Blue Mt. W. Range Ward 8th
 (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 Male 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 Minnie Young

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 1 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 6 - 3

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Muscotine
 (STATE OR COUNTRY) Iowa

10. NAME OF FATHER Geo. H. Young

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Brobeck

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pennsylvania
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Harlow Meddle
 (Address) Home address

15. FILED 3-10, 1933 H. A. Mansaff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 31 1933

17. I HEREBY CERTIFY, That I attended deceased from Jan 27th, 1933, to Feb 4, 1933, that I last saw him alive on 4th Feb, 1933, and that death occurred, on the date stated above, at 6:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal obstruction
Eight days
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS (Signed) Colvin Atkin, M. D.
 (Address) Independence, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery DATE OF BURIAL Feb. 7 1933

20. UNDERTAKER Att + Mitchell ADDRESS Independence, 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.

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