

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

Do not use this space.

10065

1. PLACE OF DEATH

County Johnson Registration District No. 427
 Township Madison Primary Registration District No. 55-82
 City (No.) St. Ward

2. FULL NAME David Pierce 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 31 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 - 1854

7. AGE YEARS 79 MONTHS 1 DAYS 2 If LESS than 1 day, hrs. or min.

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

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) Texas

13. NAME John Young

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

15. MAIDEN NAME Pricilla Hanley

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

17. INFORMANT (ADDRESS) Mrs. D. P. Young
Holden Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Holden, Mississippi DATE Mar 30, 1933

19. UNDERTAKER (ADDRESS) D. P. Young
Holden Mo

20. FILED Mar. 30, 1933, Edmond Audrus, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 28, 1933

I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1933, to Mar. 28, 1933
 I last saw him alive on Mar. 28, 1933. Death is said

to have occurred on the date stated above, at 9:30 P.M.

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

Causes of the Stomach
Hypertension

Other contributory causes of importance: Hypertension

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) Emory Shepstone, M. D.

(Address) Holden, Mississippi

WRITE MAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 24 1933

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