

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

Do not use this space.

34143

1. PLACE OF DEATH

County Randolph
Township Clyton
City..... (No.....)..... (St.....)..... (Ward.....)

Registration District No. 731
Primary Registration District No. 5965

File No.....
Registered No. 20

2. FULL NAME

Mrs Mary Bell Young

(a) Residence No..... St..... Ward.....
(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..... 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 Rev William Young

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 22, 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>64</u>	<u>7</u>	<u>19</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Harrison Co
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Rubin Donaldson</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	12. MAIDEN NAME OF MOTHER <u>Margaret Hall</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>

14. INFORMANT Mrs Elouza Mc Adams
(Address) Clyton Hill

15. FILED Oct 17, 1933 A. Bradsher
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 11 1933

17. I HEREBY CERTIFY, That I attended deceased from Aug 10 1933, to Oct 11 1933 that I last saw her alive on Aug 13 1933, and that death occurred, on the date stated above, at 11.30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Softening of Brain
891
891
891
(duration) 5 yrs. mo. ds.

CONTRIBUTORY Hemorrhage in brain
(SECONDARY)
(duration) 5 yrs. mo. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical exam
(Signed) P. L. McCormick, M. D.
, 19 (Address) noberly 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 Salisbury DATE OF BURIAL Oct 13 1933

20. UNDERTAKER Tom B. Patton ADDRESS Hartsville 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.

NOV 10 1933

2238

22

1945 1946 1947 1948 1949 1950 1951 1952 1953 1954 1955 1956 1957 1958 1959 1960 1961 1962 1963 1964 1965 1966 1967 1968 1969 1970 1971 1972 1973 1974 1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025