

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

Do not use this space.

388-A

MAR 24 1934

1. PLACE OF DEATH

County Callaway Registration District No. 109
Township Guthrie Primary Registration District No. 5-162
City Guthrie (No. _____) St. _____ Ward _____

2. FULL NAME

Char Edward 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charlotte Ann Young</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 23-1862</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>5</u>
	DAYS <u>21</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>	
	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) <u>Oct-1-1932</u>	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maryland</u>		
FATHER	13. NAME <u>Samuel Young</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maryland</u>	
MOTHER	15. MAIDEN NAME <u>Magret Rontzahn</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maryland</u>	
17. INFORMANT (ADDRESS) <u>Charlotte Ann Young Guthrie Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Corington</u> DATE <u>1/15 34</u>		
19. UNDERTAKER (ADDRESS) <u>Ray Holt New Bloomfield</u>		
20. FILED <u>mar 10 1934</u> <u>Callaway</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 13 1934, to Jan 14 1934.
I last saw him alive on Jan 13 1934. Death is said to have occurred on the date stated above, at 1:30 am.
The principal cause of death and related causes of importance were as follows:
Chronic Intestinal Neoplasm Date of onset 1932
131
Other contributory causes of importance:
131
Name of operation _____ Date of _____
What test confirmed diagnosis? Biopsy 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) E. M. H. Park M. D.
(Address) New Bloomfield 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.

WRITE CAREFULLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

