AUG 23 1935

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

Do not use this space.

1651 A

1. PLACE OF DEATH
County Jefferson
Township Valley
City DeSoto (No. ..... St. ..... Ward)

Registration District No. 420
Primary Registration District No. 3022

File No. .....
Registered No. 108

2. FULL NAME Lloyd Russell Young
(a) Residence, No. 611 Allen St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 9 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) —

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19th 1933

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	9	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
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) DeSoto Mo

FATHER
13. NAME Wm T. Young
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarkville Mo

MOTHER
15. MAIDEN NAME Dela Sarns
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peach Orchard Ark.

17. INFORMANT (ADDRESS) Wm T. Young DeSoto

18. BURIAL, CREMATION, OR REMOVAL
PLACE City DATE Jan 6th 1934

19. UNDERTAKER (ADDRESS) Mothershead

20. FILED 1/6/35 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/2 1935 to 1/5 1935
I last saw him alive on 1/5 1935 Death is said to have occurred on the date stated above, at 10 30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	1/1/35
107A	
62	

Other contributory causes of importance:
- Rickets

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical 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? .....
If so, specify .....
(Signed) Chas E. Fallert, M. D.
(Address) DeSoto Mo

Do not use this space in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.