

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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH
 County St. Louis Registration District No. 1000
 Township St. Louis Primary Registration District No. 1003
 City St. Louis (No. _____) St. _____ Ward _____

2. FULL NAME Guo Young
 (a) Residence, No. 2828 Standard St., 21 Ward 2828 STODDARD
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 18 yrs. 2 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

7297

File No. _____

Registered No. 2247

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE Negro
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31-1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>53</u>	<u>2</u>	<u>28</u>	

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

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) Winston Co Miss

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Brown Young
 (ADDRESS) 2828 Standard

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 3-5- 1934

19. UNDERTAKER Boyer
 (ADDRESS) 3706 Fenway Ave

20. FILED 3-2- 1934 J. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

2. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/28 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/5 1934 to 2/28 1934
 I last saw him alive on 2/28 1934. Death is said to have occurred on the date stated above, at 5 A. a.m.
 The principal cause of death and related causes of importance were as follows:
Myocardial Infarction Date of onset 2/28

Other contributory causes of importance:
Senile Degeneration about 6 mos

Name of operation NO Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

28. 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) J. H. Boyer, M. D.
 (Address) 3706 Fenway Ave

