

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

Do not use this space.

12064

MAY 25 1934

PLACE OF DEATH

County Butler Registration District No. 89
Township Paplar Bleff Primary Registration District No. 3007
City Paplar Bleff (No.) St. Ward)

File No.
Registered No. 89

2. FULL NAME Ornella Young
(a) Residence, No. 1125 Grand Ave Paplar Bleff Mo (Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1 - 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 4 18

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
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) Paplar Bleff Mo

FATHER **13. NAME** Henry J Young

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stockdale Mo

MOTHER **15. MAIDEN NAME** Merna Lee Lloyd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stockdale Mo

17. INFORMANT (ADDRESS) Henry J Young Paplar Bleff Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Black Creek Co DATE Apr 20 1934

19. UNDERTAKER (ADDRESS) H. J. Phelps Paplar Bleff Mo

20. FILED 4-20-34 W. S. Bailey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 19 1934

22. I HEREBY CERTIFY, That I attended deceased from April 17 1934 to April 19 1934
I last saw him alive on April 7 1934. Death is said to have occurred on the date stated above, at 9:45 a.m.

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

Bronchopneumonia Date of onset 4-7-34

Other contributory causes of importance:

infect.

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) H. J. Phelps, M. D.

(Address) Paplar Bleff 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.

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