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

Do not use this space.

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1. PLACE OF DEATH
County Green — Registration District No. 321. — File No.
Township Washington — Primary Registration District No. 5445. — Registered No. 6.
City (No. , St. Ward)

2. FULL NAME Alexander Jackson Young
(a) Residence, No. St., Ward.
(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: male
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 Susanna

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16/1841

7. AGE: YEARS 92 — MONTHS 6 — DAYS 7 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) gnd.

FATHER
13. NAME unkown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓

MOTHER
15. MAIDEN NAME ✓
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ✓

17. INFORMANT (ADDRESS) J L Young Rogersville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Henderson Cem. DATE April 25, 1934

19. UNDERTAKER (ADDRESS) Kelley and Ferrell Rogersville Mo

20. FILED June 9, 1934 Mrs. Pearl Hughes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 12, 1934, to Apr 23, 1934
I last saw him alive on Apr 12, 1934. Death is said to have occurred on the date stated above, at 4 20A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Apr 10
108	

Other contributory causes of importance:

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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) W A Atkins, M. D.
(Address) Rogersville Mo