

MAY 25 1934

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

Do not use this space.

13724

## 1. PLACE OF DEATH

County Oregon Registration District No. 635  
Township Myrtle #1-1 Primary Registration District No. 6277  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 8  
Registered No. 8

2. FULL NAME James Thomas 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 M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-29-34

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
45 6 26

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) Oregon - County

13. NAME George Young

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

15. MAIDEN NAME Elizabeth M. Ginnis

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

17. INFORMANT Philip Young  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL 4/30-34  
PLACE Walnut Grove DATE \_\_\_\_\_ 19\_\_\_\_

19. UNDERTAKER Geo Carl Thayer  
(ADDRESS)

20. FILED 5-7-34 A. J. Harpole  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-29-34

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 4:00 m.

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

2:25 F  
2:12 G  
9:10

Date of onset

Other contributory causes of importance:

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? Accident Date of injury 4-29-34

Where did injury occur? Myrtle, Ore.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

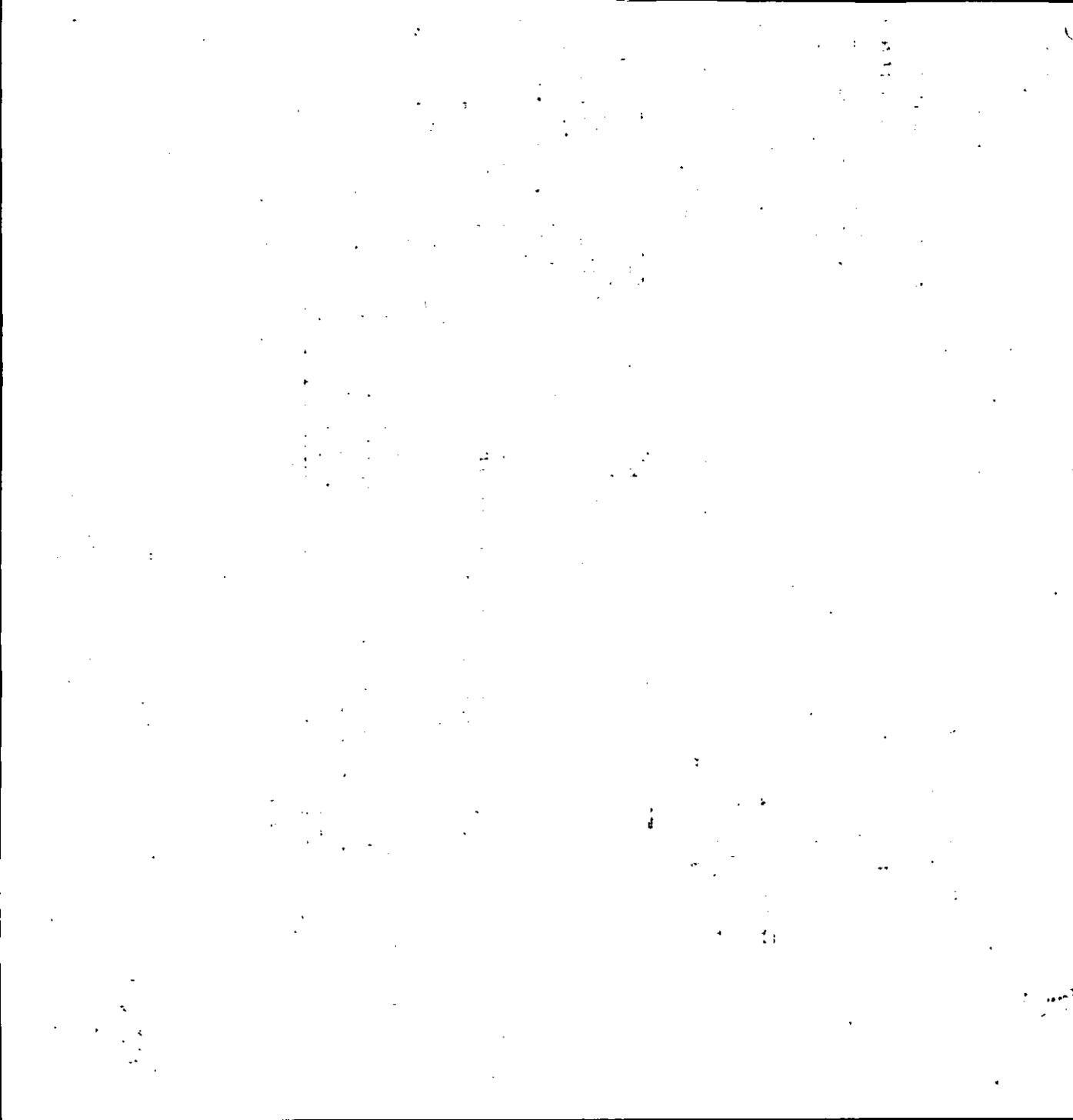
Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify Geo Carl Thayer  
(Signed)

(Address) Corona



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Oregon  
Township Myrtle  
City (No. ....) (St. ....) (Ward) .....

Registration District No. 635  
Primary Registration District No. 6277

File No. ....  
Registered No. 8

**2. FULL NAME**

(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)

James Thomas Young

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-24-1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
45 7 24

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

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) Myrtle Missouri

13. NAME Geo Young

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

15. MAIDEN NAME Elibeth Pogonis

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

17. INFORMANT (ADDRESS) ....

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove DATE 4-30-1924

19. UNDERTAKER Leo Carr (ADDRESS) ....

20. FILED 6-8-1924 H. J. Harpole Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 29 1924

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

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

Ridley horse back  
met on narrow bridge  
horse was running & fell  
the man was drunk &  
fell on the concrete  
Other contributory causes of importance: crushed skull

Name of operation 2124 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 4/29, 1924

Where did injury occur? 1/2 mile east of Myrtle Mo  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Road

Manner of injury fell from horse  
Nature of injury fracture skull

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Leo Carr, M. D.  
(Address) Thayer Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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