

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.

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County.....

Registration District No. **791**
1003

Township.....

Primary Registration District No.

City **St. Louis** (No. **302 S. 22nd St.**)

File No. **14804**

Registered No. **3998**

St. Ward)

2. FULL NAME

(a) Residence, No. **302 S. 22nd** St., **25** Ward.

(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 **col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 12, 1878**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 7 5

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) **Jenn**

MOTHER FATHER 13. NAME **Ambers Young**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jenn**

15. MAIDEN NAME **Liza Barbett**

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

17. INFORMANT (ADDRESS) **May Young 302 S. 22nd St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Louis Ill.** DATE **4/24** 1934

19. UNDERTAKER (ADDRESS) **W. M. Beaton 2740 Franklin Ave.**

20. FILED **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4-17** 19**34**

22. I HEREBY CERTIFY, That I attended deceased from **18 April** 19**34** to **17th April** 19**34**

I last saw **him** alive on **17th April** 19**34** Death is said to have occurred on the date stated above, at **11:15 a.m.**

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

Pulmonary Tuberculosis Date of onset

Other contributory causes of importance:

Name of operation..... Date of operation.....

What test confirmed diagnosis **Tuberculosis** Is there an autopsy? **No**

23. If death was due to external causes (violence, fall 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 **W. M. Beaton** (Signed)....., M. D.

(Address) **2740 Franklin Ave.** (BEATON)

6934 - 4 - 17

1878 - 9 - 12

55-5-5

1950
A. B. MURPHY