

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.

DEC 28 1934

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

Do not use this space.

40100

1. PLACE OF DEATH

County Monroe
Township
City Monroe City (No.)

Registration District No. 581
Primary Registration District No. 4343

File No.
Registered No. 25
St. Ward)

2. FULL NAME

Mary Ellen 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 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert J. Young</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 5th 1898</u>				
7. AGE	YEARS <u>76</u>	MONTHS <u>5</u>	DAYS <u>29</u>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation <u>—</u>

12. BIRTHPLACE (CITY OR TOWN) La Grange
(STATE OR COUNTRY) Illinois

MOTHER FATHER 13. NAME Thomas Garwood

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

15. MAIDEN NAME Jane Evelyn Richards

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

17. INFORMANT Myrmell Young
(ADDRESS) Monroe City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Jude's Cemetery DATE 11-4th 1934

19. UNDERTAKER Wilson & Son
(ADDRESS) Monroe City Mo

20. FILED 11-9 1934 O.W. Wilson
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3rd 1934

22. I HEREBY CERTIFY That I attended deceased from Sept 1st 1934 to Nov 3rd 1934. I last saw her alive on Nov 2nd 1934. Death is said to have occurred on the date stated above, at 4:30 a.m.

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

Cerebral thrombosis
90% arteriosclerosis
50
50

Other contributory causes of importance:
Arteriosclerosis of the heart 1930

Name of operation none Date of —
What test confirmed diagnosis? clinical Was there an autopsy? no

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? no
If so, specify —

(Signed) J.P. Pipkin M. D.
(Address) Monroe City Mo

