

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

Do not use this space.

JAN 6 1935

**1. PLACE OF DEATH**

County Monroe  
Township  
City Monroe City (No. ....)

Registration District No. 5781  
Primary Registration District No. 4343

✓  
File No. 43757  
Registered No. 29 St. .... Ward)

**2. FULL NAME**

Charles Roseve Young.

(a) Residence No. .... St. -1- Ward.

Length of residence in city or town where death occurred 27 yrs. 9 mos. 17 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)**

Single

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

←

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

March 10 - 1907

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>27</u>	<u>9</u>	<u>17</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Laborer -  
(b) General nature of industry, business, or establishment in which employed (or employer) ←  
(c) Name of employer ←

**9. BIRTHPLACE (CITY OR TOWN)**

Monroe City, Missouri  
(STATE OR COUNTRY)

**10. NAME OF FATHER**

John Young

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Monroe City, Missouri  
(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

Sarah Ann Bond

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Palls co., Missouri  
(STATE OR COUNTRY)

**14.**

INFORMANT Sarah A. Young  
(Address) Monroe City, Mo.

**15.**

FILED 12/29, 1934 O.W. Wilson  
REGISTRAR  
Deputy

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Dec. 27, 1934

**17.**

I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1934, to Dec. 27, 1934, that I last saw him alive on Dec. 26, 1934, and that death occurred, on the date stated above, at 7:30 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Metastatic carcinoma of brain

535  
530  
(duration) yrs. 6 mos. ds.

**CONTRIBUTORY (SECONDARY)**

carcinoma fought by

(duration) yrs. 8 mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: .....

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 1934

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory

(Signed) F. N. Simmons D.O.

12/29, 1934 (Address) Monroe City, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

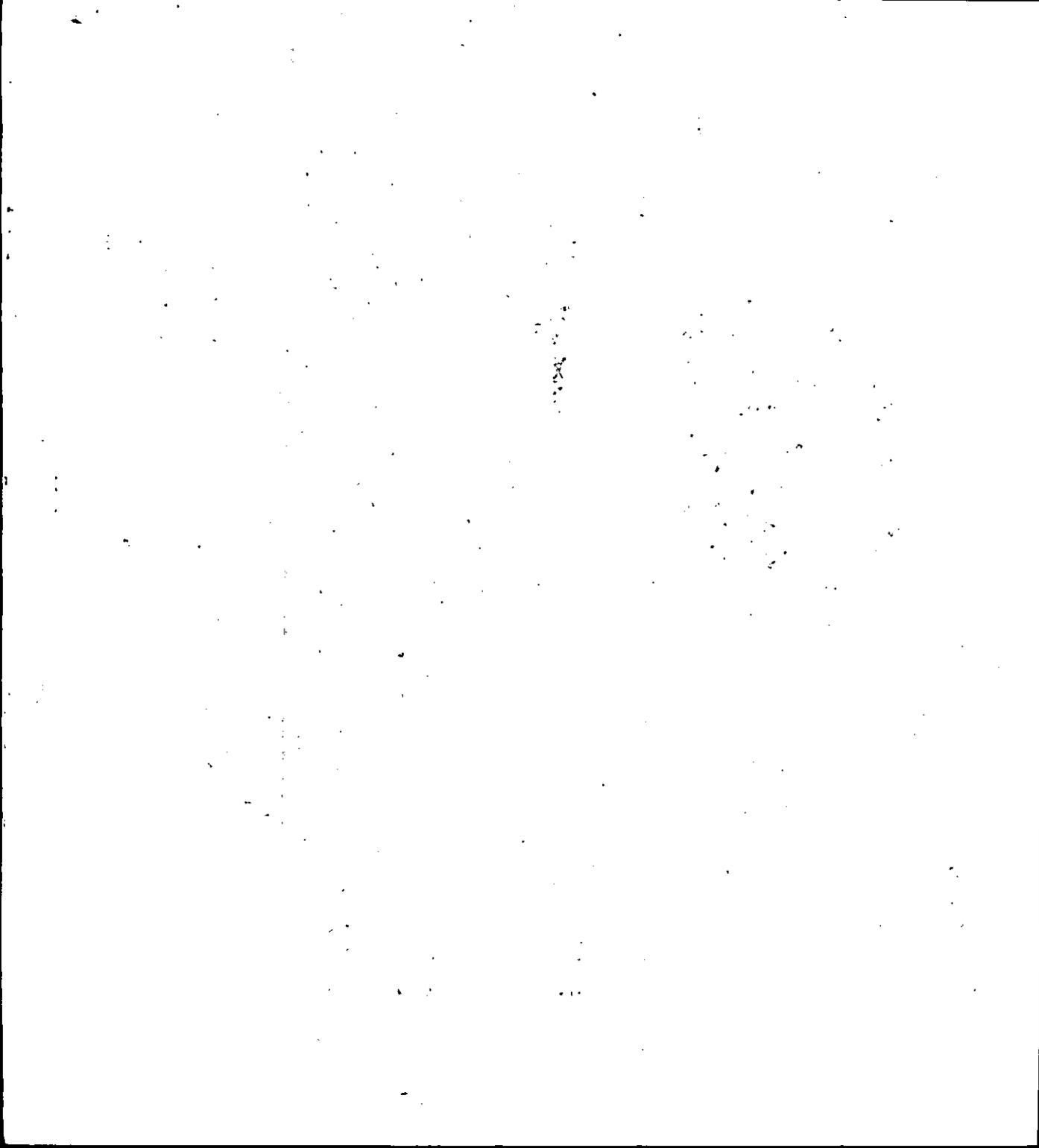
St. Judes Semetary 12/29 1934

**20. URBERTAKER**

**ADDRESS**

Wilson + Son Monroe City 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.



**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 Monroe  
Township \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 581  
Primary Registration District No. 4343

File No. 43757  
Registered No. 29

**2. FULL NAME**

Charles Roscoe 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**

**MEDICAL CERTIFICATE OF DEATH**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
27 9 17

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

FATHER  
13. NAME \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

MOTHER  
15. MAIDEN NAME \_\_\_\_\_

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

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19.

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED Apr. 3<sup>rd</sup> 1935 O. W. Wilson Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_. I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m. The principal cause of death and related causes of importance were as follows:

Metastatic Sarcoma of brain. Primary sarcoma seat in right leg.  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: Sarcoma of leg. operation to remove primary sarcoma.

Name of operation amputation of rt leg. Date of June 1934  
What test confirmed diagnosis? Microscopic 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) F. M. Simmons D.O. M.D.  
(Address) Monroe City, Mo.

RECEIVED

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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 8 9 1935

S-43757