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

Do not use this space.

JAN 21 1935

File No. 44083
Registered No.

87

1. PLACE OF DEATH
County Ralls
Township Saverton
City Ilasco (No. ... St. ... Ward)

Registration District No. 726
Primary Registration District No. 6958

2. FULL NAME Samuel P. 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 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-16-1866

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
68	2	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Universal Atlas Cement
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) Indiana

FATHER
13. NAME David Young
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Mary Long
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Eliza Milton Young
(ADDRESS) Ilasco Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marble Creek Cemetery DATE Dec. 30-, 1934

19. UNDERTAKER Roy P. Schwartz
(ADDRESS) Hannibal Mo.

20. FILED Dec 29, 1934 Blanche Megown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28-, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1934, to Dec 28, 1934

I last saw him alive on Dec. 27, 1934 Death is said to have occurred on the date stated above, at 11:45 a.m.

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

	Date of onset
Cancer of Larynx	1931
Tracheotomy and Radium treatment - St. Louis - Barnard Free Skin and Cancer Hospital	Feby 1934 to Nov. 1934

Other contributory causes of importance:
Hemiplegia - left - developed with convulsions Nov. 22, 1934

Name of operation Tracheotomy Date of Feby 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? No
If so, specify

(Signed) H. L. Banks, M. D.
(Address) Hannibal 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.

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2