

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.

JAN 9 1935

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

Do not use this space.
44090

1. PLACE OF DEATH

87 County Ralls Registration District No. 930
Township Galine Primary Registration District No. 5962
City _____ (No. _____ St. _____ Ward _____)

File No. _____
Registered No. _____

2. FULL NAME

Theodora Elliott 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 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Agnes Young
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-3-1878
7. AGE YEARS 58 MONTHS ✓ DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24th 1934
22. I HEREBY CERTIFY, That I attended deceased from April 1, 1934 to Dec 1, 1934
I last saw him alive on Oct 16, 1934. Death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as planer, 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) 1933 11. Total time (years) spent in this occupation 40

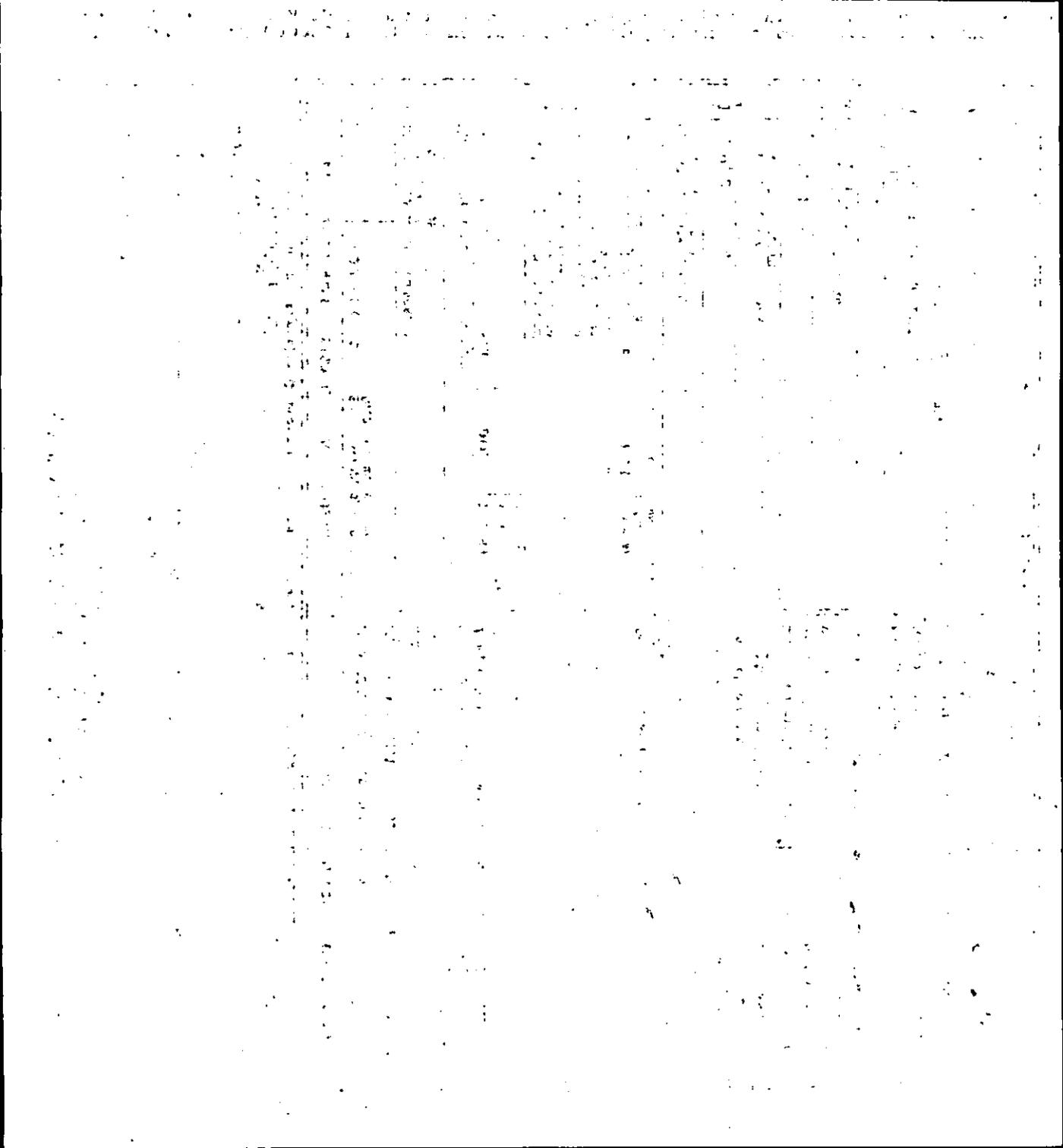
Unemia. Date of onset Jan 1934
1931
1930
Other contributory causes of importance: Chronic Pancreatitis
ref. Brit.

12. BIRTHPLACE (CITY OR TOWN) Ralls Co. (STATE OR COUNTRY) Missouri
13. NAME John Young
14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Elizabeth Turner
16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) Missouri

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? NO

17. INFORMANT (ADDRESS) Mrs. Theodora E. Young
Monroe City Mo. R.F.D. 13
18. BURIAL, CREMATION, OR REMOVAL Holy Trinity Seminary DATE Dec. 25th 1934
19. UNDERTAKER (ADDRESS) Wilson & Son
Monroe City Mo.
20. FILED 1425, 1934 J. E. Adcox Registrar.

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) J. S. Coble, M. D.
(Address) Monroe City Mo.



**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 Ralls
Township
City..... (No.)

Registration District No. 930
Primary Registration District No. 5962

File No.
Registered No.
St. Ward)

2. FULL NAME

Theodora Elliott 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) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24, 1934

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

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.....m.

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

7. AGE YEARS MONTHS DAYS 3-8 2 21 If LESS than 1 day, specify hrs. or min.

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

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.....

Date of onset
.....
.....
.....
Other contributory causes of importance:
.....
.....
.....

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

FATHER MOTHER

13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

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.

19. UNDERTAKER (ADDRESS)

20. FILED 125 1934 J. E. Floyd Registrar.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed)....., M. D.
(Address).....

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

SUPPLEMENTARY

FEB 4 1935

S-44090

RECORDED
INDEXED