

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

Buss
Do not use this space.

2398

1. PLACE OF DEATH
County **PETTIS**

Township
City **SEDALIA**

Registration District No. **668**

Primary Registration District No. **715 N QUINCY**

File No. **39**

Registered No. **668**

St. _____ Ward _____

2. FULL NAME **DONALD PAUL YOUNG**

(a) Residence, No. **715 N QY.**

St. _____ 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

M

4. COLOR OR RACE

W

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

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

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

Feb. 20. 1933

7. AGE

1

YEARS

MONTHS

11

DAYS

7

If LESS than 1
day, _____ hrs.
or _____ min.

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)

MO.

13. NAME

J. H. YOUNG

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

MO.

15. MAIDEN NAME

FERN HUTSLER

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

MO.

17. INFORMANT
(ADDRESS)

**J. H. YOUNG
SEDALIA MO.**

18. BURIAL, CREMATION, OR REMOVAL

PLACE

CROWN HILL

DATE

JAN 28

35

19. UNDERTAKER
(ADDRESS)

**GILLESPIE FUNERAL HOME
SEDALIA MO.**

20. FILED

1-28-1935

John Slack

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JAN. 27/35** . 19

22. I HEREBY CERTIFY, That I attended deceased from

1-19, 19**35**, to **1-27**, 19**35**

I last saw him alive on **1-27**, 19**35**. Death is said

to have occurred on the date stated above, at **4 a.m.**

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

Double Labor Pneumonia

Date of onset

1-19-35

Other contributory causes of importance:

measles 1-15-35

Name of operation _____ Date of _____

What test confirmed diagnosis? **fluor** Was there an autopsy? _____

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) **W. E. Kett m.d.**, M. D.

(Address) **Sedalia Mo.**

