

MAR 1 4 1935

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

Do not use this space.

PLACE OF DEATH

County Bollinger
Township Crowded Creek
City (No. _____) _____ St. _____ Ward _____

Registration District No. 48
Primary Registration District No. 5103

File No. 4338
Registered No. _____

FULL NAME Robert Young
(a) Residence, No. _____ St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Age at residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Golda Young
OR WIFE OF _____

DATE OF BIRTH (MONTH, DAY, AND YEAR) May-3-1860

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>74</u>	<u>7</u>	<u>26</u>	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

PLACE (CITY OR TOWN) Roller 110
STATE OR COUNTRY _____

NAME B T Young

BIRTHPLACE (CITY OR TOWN) Bollinger Mo
(STATE OR COUNTRY) _____

MAIDEN NAME Francis Matthews

BIRTHPLACE (CITY OR TOWN) Bollinger Mo
(STATE OR COUNTRY) _____

DECEASED'S NAME Moah Young
RESIDENCE Morganfield Mo

PLACEMENT, CREMATION, OR REMOVAL
DATE Liberty church DATE Feb-2-1935

CERTIFICATE TAKEN BY Bernard and Bertha Watson
RESIDENCE Morganfield Mo

DATE Feb 3 1935 Bertha Watson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-1-1935

22. I HEREBY CERTIFY, That I attended deceased from Jan-20 1935 to Feb-1- 1935

I last saw him alive on Jan-31- 1935 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:

Myocarditis chronica

Date of onset _____

92a

Other contributory causes of importance: _____

Name of operation Date of _____

What test confirmed diagnosis? _____ 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? no

If so, specify _____

(Signed) J. M. H. Kelley, M. D.(Address) Patterson 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. No. 2-A

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

Do not use this space

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City..... (No.) St.

File No.....
 Registered No.....

2. FULL NAME

(a) Residence, No. St. Ward.....
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth: yrs. mos. yrs.

(If nonresident, give city or town and
 yrs. mos. yrs.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX..... 4. COLOR OR RACE..... 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)

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,	hrs.	min.
				or		

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)

13. NAME

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

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..... 19.....

Registrar.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. NO. 2-A

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased....., 19....., to
 I last saw h..... alive on....., 19..... Dece.....

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

The principal cause of death and related causes of importance were.....

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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..... Where did injury occur?.....

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).....

(Address).....

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.