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

Do not use this space.
4984

MAR 25 1935

1. PLACE OF DEATH
County: Greene
Township:
City: Springfield (No. ..... St. ..... Ward)

Registration District No. 378
Primary Registration District No. 2001

File No. 13
Registered No. 314

2. FULL NAME: Iola Joe Ann Young

(a) Residence, No. 1831 N. Jefferson 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. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Baby

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 18 1935

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
0	0	13	

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): Springfield, Mo

FATHER
13. NAME: C. J. Young
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Emmence Mo

MOTHER
15. MAIDEN NAME: Lucile Hunt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Republic Mo

17. INFORMANT (ADDRESS): C. J. Young 1831 N. Jefferson

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Union Ridge DATE: Feb 1 1935

19. UNDERTAKER (ADDRESS): F. C. Thieme Springfield, Mo

20. FILED: 2-1 1935 John W. Wilson 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. 18, 1935, to Feb. 1, 1935
I last saw her alive on Jan. 21, 1935. Death is said to have occurred on the date stated above, at 1 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Baby was found dead in bed with the mother at 1 A.M., and and all indications lead to death result of status lymphaticus.

Other contributory causes of importance:

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Name of operation ..... Date of .....
What test confirmed diagnosis? History 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) J. Domnick, M. D.
(Address) 700 Med. Arts Bldg., Springfield, 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