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

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

FEB 15 1935

Do not use this space.

5304

1. PLACE OF DEATH
County Jackson — Registration District No. 300 — File No.
Township ~~Kansas~~ — Primary Registration District No. 3000 — Registered No. 5304
City Kansas City (No. KC Gen. Hosp St. Ward)

2. FULL NAME Thomas Young
(a) Residence, No. 4620 E. 43rd St., Ward. (If nonresident, give city or town and State)
(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. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 11, 1884

7. AGE: YEARS 50 — MONTHS 10 — DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bricklayer
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): KC Mo

FATHER
13. NAME: Adam Young
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maine

MOTHER
15. MAIDEN NAME: Rosetta Young
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maine

17. INFORMANT (ADDRESS): Record Clerk KC Gen Hosp KC Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Hill DATE: Feb. 7 35

19. UNDERTAKER (ADDRESS): Freeman Mortuary & Chapel 104 West 42nd Street

20. FILED 2/6, 1935 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-5, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-1, 1935, to 2-5, 1935
I last saw him alive on 2-5, 1935 Death is said to have occurred on the date stated above, at 3:55 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) J. H. Jennett, M. D.
(Address) Mgr KC Gen Hosp KC