APR 9 1935

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

Do not use this space.

11012

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 2641

City St Louis Mo (No. 1115 N 19 st. Entrance to City Hos #2 ..... St. ..... Ward)

2. FULL NAME Harrison Young

(a) Residence, No. 1115 N 19 St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 9 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: colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-24-1888

7. AGE: YEARS 46 | MONTHS 3 | 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. — — — —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labarer
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) Columbus Miss

FATHER
13. NAME Ben Young
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

MOTHER
15. MAIDEN NAME Leatha Eazley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tuscoosa Ala

17. INFORMANT (ADDRESS) Mammie Young 1115 N 19 st.

18. BURIAL, CREMATION, OR REMOVAL
PLACE FARTHER DICKSON DATE 3-22 1935

19. UNDERTAKER (ADDRESS) Ellis Funeral Home 2820 Stoddard St.

20. FILED MAR 21 1935 19 J F Biedeck Registrar. 3/20/35

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-19, 1935

22. 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 5.30 A.m.

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

Chronic Myocarditis.
Endocarditis Chronic

Date of onset

Other contributory causes of importance: 92

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

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) [signature] M. D.

(Address) [illegible]

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.