

Dr. Lusk. **MAY 8 1935** MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

Do not use this space.

11901

1. PLACE OF DEATH

County **Bates**

Registration District No. **56**

Township **Walnut**

Primary Registration District No. **5087**

City (No. St. Ward)

File No.

Registered No.

2. FULL NAME **Julia Gay Young**

(a) Residence, No. **RD #1 Foster Mo.** St. 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb. 14th. 1860**

7. AGE

YEARS **66**

MONTHS **2**

DAYS **5**

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **housekeeper**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Kilburn Illinois**

(STATE OR COUNTRY)

10. NAME OF FATHER **Mitchell Young**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Kentucky**

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Rosie Daniels**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Tennessee**

(STATE OR COUNTRY)

14. **Mrs. Clara McGuire**

INFORMANT **Foster RD #1 Missouri**

(Address)

15. FILED **4/19 1935 Mrs. G. H. Lusk**

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 19/35**

17.

I HEREBY CERTIFY, That I attended deceased from **Aug 34** to **July 27 1935** that I last saw her alive on **Mich. 8-7-19** and that death occurred, on the date stated above, at **2:45 A** m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Mitral Stenosis**

(duration) yrs. mos. ds.

CONTRIBUTORY **Myocarditis**

(SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **92 W**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **NO** DATE OF

WAS THERE AN AUTOPSY? **NO**

WHAT TEST CONFIRMED DIAGNOSIS **Steth.**

(Signed) **C. A. Lusk** M. D.

, 19 (Address) **Butler 910**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

**Foster Cemetery**

DATE OF BURIAL

**Apr. 20/35**

20. UNDERTAKER

**Booth and Boughan**

ADDRESS

**Rich Fd 11 Co.**

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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