JUN 1 8 1935

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

Do not use this space.

File No. 15700

Registered No. 500

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 1001

City: St. Joseph (No. Mo. Methodist Hospital St. Ward)

2. FULL NAME: Thomas Townsend Young

(a) Residence, No. Sharpsburg Iowa St., Ward. Sharpsburg Iowa (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 4 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*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Senia Jane Young

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 17 1862

7. AGE: Years 72 Months 10 Days 13 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): 1935

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky

FATHER

13. NAME: William Young

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Frank Young Corning Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE: Fenel Iowa DATE: 5/31 1935

19. UNDERTAKER (ADDRESS): Freeman-Mortuary (Inc) St. Joseph Mo.

20. FILED: 5/31 1935 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/30 1935

22. I HEREBY CERTIFY, That I attended deceased from May 27 1934 to May 30 1935

I last saw him alive on May 30 1935. Death is said to have occurred on the date stated above, at 4 P m.

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

	Date of onset
Malignancy of Spine	
53	

Other contributory causes of importance:

Cerebral Hemorrhage	

Name of operation: Date of:

What test confirmed diagnosis? X-ray 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) Jacob Kulowski, M. D.

(Address) St. Joseph, 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.