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

AUG 12 1935

Do not use this space.

23401

1. PLACE OF DEATH
County Jasper
Township Preston
City Jasper (No. ..... St. ..... Ward)

Registration District No. 410
Primary Registration District No. 5566

File No. 1
Registered No. 10

2. FULL NAME Herman Christian Young
(a) Residence, No. ..... 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch. 21st 1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
77	3	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Pommern Germany

FATHER
13. NAME Charles Theodore Young
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pommern, Germany

MOTHER
15. MAIDEN NAME Dorothea C. Kopping
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pommern, Germany

17. INFORMANT (ADDRESS) Mrs. Herbert Kuehnle, Jasper Mo

18. BURIAL, CREMATION, OR REMOVAL Mo.
PLACE Lake Cemetry Lamar, DATE July 12th 1935

19. UNDERTAKER (ADDRESS) Teeter Bros. Jasper, Mo.

20. FILED 7-12, 1935 J. E. Hook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/10, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1935, to July 10, 1935
I last saw him alive on July 10, 1935. Death is said to have occurred on the date stated above, at 7 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:
Pul. Tuberculosis.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Dr. Stark, M. D.
(Address) 2nd Maiden Lane Jasper Mo