

SEP 26 1935

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

Do not use this space.

28447

1. PLACE OF DEATH

County StoddardRegistration District No. 828Township LibertyPrimary Registration District No. 6098B

City (No. City No. Ward)

File No. 189

Registered No.

2. FULL NAME

Rachel Ann 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 27 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)

Widowed

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

David Young6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5, 1842

7. AGE

YEARS

92

MONTHS

8

DAYS

28

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.

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)

Cleveland, Ohio

MOTHER FATHER

13. NAME

John Shaw

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

15. MAIDEN NAME

Margaret Lane

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

Unknown

17. INFORMANT (ADDRESS)

Mrs. Henry Duley Dexter, Mo. Rfd

18. BURIAL, CREMATION, OR REMOVAL PLACE

Sadler ChapelDATE 8-4-35, 19

19. UNDERTAKER (ADDRESS)

Blankenship-Strickland Dexter, Mo.

20. FILED

9-10

19

35Alice L. Norman

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-3-35, 19

22. I HEREBY CERTIFY, That I attended deceased from

January 5, 1935 to Aug 3, 1935
Last saw her alive on July 16, 1935 Death is saidto have occurred on the date stated above, B. D. M.
The principal cause of death and related causes of importance were as follows:

Date of onset

1/6/35

Other contributory causes of importance:

arteriosclerosis myocarditis

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? No

If so, specify

(Signed) A. L. Norman, M. D.(Address) Dexter, 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.

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31
3

