

NOV 26 1935

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Dr. Long  
Do not use this space.

33594

1. PLACE OF DEATH **Pettis**

County.....

Registration District No. **668**Township..... **Sedalia**Primary Registration District No. **3032**

City.....

(No. **235** Sq. **Prospect**File No. **331**Registered No. **668**

St. ....

Ward) .....

2. FULL NAME **Thomas Benton Young**(a) Residence, No. **235 So. Pros.** 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**Jennie**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 24 1850**

## 7. AGE

**85**

## MONTHS

**0**

## DAYS

**26**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)**Mo.**

## 13. NAME

**William Young**14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)**Mo.**

## 15. MAIDEN NAME

**Malinda Benson**16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)**Mo.**17. INFORMANT **Mrs. W. F. Bloomcamp**  
(ADDRESS) **Sedalia Mo.**

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE **Crown Hill**DATE **Oct. 22**, 19**35**19. UNDERTAKER **Gillespie Funeral Home**  
(ADDRESS) **Sedalia Mo.**20. FILED **10-22-1935** **J. H. Slack**  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 20/35**, 19

## 22. I HEREBY CERTIFY, That I attended deceased from

**Oct. 8**, 19**35** to **Oct. 20**, 19**35**  
I last saw him alive on **Oct. 20**, 19**35** Death is said  
to have occurred on the date stated above, at **6:30** p.m.  
The principal cause of death and related causes of importance were as follows:

Date of onset

**Broncho - pneumonia 10/8/35**  
**920**

## Other contributory causes of importance:

**Myocardial insufficiency?**  
**Arterio sclerosis?**

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

What test confirmed diagnosis..... 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? **No**

If so, specify.....

(Signed) **Dr. J. B. Long**, M. D.(Address) **Sedalia Mo.**

