Felix

MAR 26 1936

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

Do not use this space.

4352

File No.
Registered No. 1

1. PLACE OF DEATH
County Webster
Township East Dallas
City Fordland (No. , St. Ward)

Registration District No. 898
Primary Registration District No. 6204

2. FULL NAME Thomas Vernon 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 life 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 15, 1899

7. AGE: Years 36 | Months 1 | Days 16 | If LESS than 1 day, X 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. Farm
10. Date deceased last worked at this occupation (month and year) 1935
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster County

FATHER
13. NAME Bill Young
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Lela Steever
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Eva Lou Young
(ADDRESS) Fordland, Missouri.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Welch Cemetery DATE Feb. 3 1936

19. UNDERTAKER Lex Rainey
(ADDRESS) Marshfield, Missouri.

20. FILED Mar. 10, 1936 John W. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1935, to, 19..
I last saw him alive on Dec 20, 1935. Death is said to have occurred on the date stated above, at 1:30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

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) J. P. Price M.D.
(Address) Marshfield 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.