

APR 23 1936

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

Do not use this space.

7105

1. PLACE OF DEATH

County Remond
Township Coates
City Coates, Mo. (No. _____) St. _____ Ward _____

Registration District No. 656
Primary Registration District No. 5873

File No. _____
Registered No. _____

2. FULL NAME

James Harold Young
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) inf

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-26-36

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 12

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) Coates, Mo.

13. NAME Thomas Young

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coates, Mo.

15. MAIDEN NAME Lessie Agament

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coates, Mo.

17. INFORMANT (ADDRESS) Jim Young
Coates, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Zion DATE 2-27-36

19. UNDERTAKER (ADDRESS) Deason and Co
St Louis Mo

20. FILED 4-7 1936 Tom Baigauer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-27-36

22. I HEREBY CERTIFY, That I attended deceased from 2-26-36 to 2-27-36

I last saw him alive on 2-27-36 Death is said to have occurred on the date stated above, at 2: P.

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

Premature

Date of onset

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 _____, 1936

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) L. E. Cooper, M. D.

(Address) Coates, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Cooper

