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.

APR 17 1936

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

Do not use this space.

10156

1. PLACE OF DEATH Greene
County
Township Springfield
City (No. 222 E. Thomas St. Ward)
Registration District No. 318
Primary Registration District No. 2001
File No.
Registered No. 215

2. FULL NAME Susanna Young
(a) Residence, No. 222 E. Thomas 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 Female
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 Ira Young
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10 1870
7. AGE YEARS 66 MONTHS 1 DAYS 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In home
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) Missouri

FATHER
13. NAME Geo. Collins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Ira Young Springfield Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty DATE March 11, 1936
19. UNDERTAKER (ADDRESS) J. W. Kingsley & Co. Springfield Mo.
20. FILED 3-10, 1936 Ralph W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-9-, 1936
22. I HEREBY CERTIFY, That I attended deceased from 11-20, 1935, to 3-4-36, 19..
I last saw her alive on 2-9-, 1936. Death is said to have occurred on the date stated above, at 7 A m.
The principal cause of death and related causes of importance were as follows:
Chronic Valvular Heart Lesion Years ago
Date of onset
Other contributory causes of importance: Drapery - 9200
Name of operation no 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? no 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 no
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) S. F. Freeman, M. D.
(Address) Springfield Mo