

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.

JUN 17 1936

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

Do not use this space.

1. PLACE OF DEATH

County BollingerRegistration District No. 69Township WaynesPrimary Registration District No. 5102City Sturdivant

(No. _____)

St. _____

Ward _____

File No. 18520

Registered No. _____

2. FULL NAME General Grant 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 12 yrs.

mos. _____

ds. _____

How long in U. S., if of foreign birth?

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie Huckstep6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 18777. AGE 59

YEARS

MONTHS ✓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. Farmer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm10. Date deceased last worked at this occupation (month and year) April 28, 193611. Total time (years) spent in this occupation 1 yrs12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffordville Mo.

FATHER

13. NAME Frederick Young14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffordville Mo.

MOTHER

15. MAIDEN NAME Mary Quenton16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredericktown Mo.17. INFORMANT (ADDRESS) Maggie Phelps Sturdivant, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Buffordville, Mo. DATE May 29, 193619. UNDERTAKER (ADDRESS) Hebman White State Co. Potosi, Mo.

20. FILED

19. ms J A Berry

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 193622. I HEREBY CERTIFY, That I attended deceased from May 9, 1936, to May 24, 1936I last saw him alive on May 24, 1936. Death is saidto have occurred on the date stated above, at 8:50 a.m.

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

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

slight success of right lung

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) Dr. R. A. Smith, D.O., M.D.(Address) P.O. Box #62 - Zalma, Mo.

Mrs J A Bury
Palmer
Mo