

JUL 18 1936

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

Do not use this space.

22331

1. PLACE OF DEATH

County Clay Registration District No. _____
Township Fishing River Primary Registration District No. _____
City Excelsior Springs, Mo. (No. (Veterans Administration Facility) St. 3d Ward)

2. FULL NAME YOUNG, Malcolm Edw. (Veterans Administration Facility)

(a) Residence, No. Excelsior Springs, Mo. St. _____ Ward. 215 W. 14th Street
(Usual place of abode) Trenton, Missouri
(If resident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 2 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR TYPE OF) <u>Roberta Young</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 11, 1898</u>		
7. AGE YEARS <u>38</u>	MONTHS <u>3</u>	DAYS <u>8</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Wire Chief, Rway</u>	11. Total time (years) spent in this occupation <u>Unknown</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>unknown</u>	
	10. Date deceased last worked at this occupation (month and year) <u>unknown</u>	

12. BIRTHPLACE (CITY OR TOWN) Cape Girardeau, Mo
(STATE OR COUNTRY)

MOTHER FATHER 13. NAME Benjamin F. Young

14. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Luella Paige (deceased)

16. BIRTHPLACE (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

17. INFORMANT Hospital Records
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Trenton, Mo. DATE 6-19-36, 19__

19. UNDERTAKER John C. Prather
(ADDRESS) Excelsior Springs, Missouri

20. FILED _____ 19__

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1936 19__

22. I HEREBY CERTIFY, That I attended deceased from Mar. 29, 1936, 19__, to June 19, 1936, 19__
I last saw him alive on June 19, 1936, 19__. Death is said to have occurred on the date stated above, at 2:40 m. PM
The principal cause of death and related causes of importance were as follows:

Hypertension, severe

Other contributory causes of importance:

Cardiac hypertrophy; Chronic interstitial nephritis; myocarditis, chronic

Name of operation NONE Date of _____
What test confirmed diagnosis? Exam. & Obs. 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? _____
If so, specify _____

(Signed) H. C. HARDEGREE, MD. Clinical Director
Veterans Administration Facility
Excelsior Springs, Missouri.

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.

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

Do not use this space.

1. PLACE OF DEATH

County Clay Registration District No. 198 File No. _____
 Township _____ Primary Registration District No. 3011 Registered No. _____
 City Excelsior Spgs Mo (No. _____) Veterans administrative facility (St. Facility) Ward _____

2. FULL NAME

Young, Malcolm Edw (Veterans administrative facility)
 (a) Residence, No. Excelsior Spgs Mo, Ward. 212 W 14th Street
 (Usual place of abode) (If none, 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) married

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>38</u>	<u>3</u>	<u>8</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. wire chief
 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) unk
 11. Total time (years) spent in this occupation unk

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Missouri

FATHER
 13. NAME Benjamin F Young

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Luella Paige (deceased)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Hospital Record

18. BURIAL, CREMATION, OR REMOVAL PLACE Trenton Mo DATE 6-19-36

19. UNDERTAKER (ADDRESS) John C Prather

20. FILED 6-19-1936 Mr. P. McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 29 1936, to June 16 1936

I last saw him alive on June 17 1936 Death is said to have occurred on the date stated above, at 240 F m.

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

Hypertension severe (Date of onset _____)

Other contributory causes of importance:
Cardiac Hypertrophy chronic
interstitial nephritis
myocarditis (chronic)

Name of operation _____ Date of _____
 What test confirmed diagnosis? etc Was 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? _____
 If so, specify _____

(Signed) H. C. Harbeson Chief
Director of State Administration
 (Address) Excelsior Spgs 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.

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