

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.

SEP 18 1936

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

Do not use this space.

25682

1. PLACE OF DEATH

County Butler Registration District No. 89
 Township Poplar Bluff Primary Registration District No. 3631
 City 1 Mile S. of Calvin School (No. 1 Mile S. of Calvin School. St. Ward)

File No.
 Registered No. 185

2. FULL NAME Alvia Young

(a) Residence, No. R.R. 1 Qulin, Mo. 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 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 Birchie Young

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1901

7. AGE YEARS 35 MONTHS 3 DAYS 22
 If LESS than 1 day, hrs. or min.

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.
 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) Mansfield, Missouri

MOTHER / FATHER 13. NAME Alfred Young

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

15. MAIDEN NAME Mary Claxton

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

17. INFORMANT Birchie Young (ADDRESS) Qulin, Mo. R.R. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Seemore, Mo. DATE July 28, 1936

19. UNDERTAKER Frank Und. Co. (ADDRESS) Poplar Bluff, Mo.

20. FILED 8/1 1936 Obitinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1936, to July 27, 1936.
 I last saw him alive on July 26, 1936. Death is said to have occurred on the date stated above, at 4 P.m.
 The principal cause of death and related causes of importance were as follows:

Malaria Date of onset May 1936
38

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? No
 If so, specify
 (Signed) [Signature], M. D.
 (Address) Poplar Bluff, Mo.

APR 14 1954