

OCT 1 1936

ORIGINAL

STANDARD CERTIFICATE OF DEATH

State Department of Health
Division of Vital Statistics
STATE OF IOWA

33498

1. PLACE OF DEATH

County

North

State

Mo.

IOWA

Registered No.

904

Township

Union

or Village

Sheridan

45-46

City

No.

St.

Ward

(If death occurred in a hospital or institution give its name instead of street and number)

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.

2. FULL NAME

(a) Residence. No.

John C. Young

St.

Ward

(Usual place of abode)

(If non-resident give city or town and State)

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

Isabell Young

6. DATE OF BIRTH (month, day, and year)

April 7, 1880

7. AGE

Years

Months

Days

If less than 1 day, hrs. or mins

84

4

17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Plaster

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)

Ohio

13. NAME

Alexander Young

14. BIRTHPLACE (city or town)

(State or country)

Pa.

15. MAIDEN NAME

Hobbs

16. BIRTHPLACE (city or town)

(State or country)

Ohio

17. INFORMANT

(Address)

Mrs John Young
Sheridan Iowa

18. BURIAL, CREMATION, OR REMOVAL

Place 8/26 - 36 place Bethel 1936

19. LICENSED EMBALMER

(Address)

L. C. Young
Sheridan Iowa

20. FILED

Aug 26 1936

Mrs C. A. Brown

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year)

Aug 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Aug 24, 1936

1936 to Aug 24, 1936

I last saw him alive on Aug 24, 1936 death is said to have occurred on the date stated above, at 11 a.m.

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

Mitral Insufficiency Aug 1935

Contributory causes of importance not related to principal cause:

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

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)

H. C. Long

M. D.

(Address)

Sheridan

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

(COVER)

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIANS.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY LICENSED EMBALMERS.

Has decedent ever served in military or naval service of the U. S. ? If so give name of War.....

I, ... Licensed Embalmer No. hereby certify that
the body recorded on the reverse side of this certificate was embalmed by L. E.
No. or by Registered apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.

NOTE: The above statement MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING.
(Failure to comply with the above constitutes grounds for revocation of license).