

JAN 22 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County PettisRegistration District No. 668Township SedaliaPrimary Registration District No. 3032City Sedalia (No. 1400 E 13)

St. _____ Ward _____

2. FULL NAME Elmer Pearl Young(a) Residence, No. 1400 E 13 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 <u>m.</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Young6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6 1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>47</u>	<u>1</u>	<u>24</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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) Lincoln Mo.13. NAME Wm. Young14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Margaret Call16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT (ADDRESS) Margaret Call Sedalia18. BURIAL, CREMATION, OR REMOVAL PLACE Lodge Cemetery DATE Dec 31 193619. UNDERTAKER (ADDRESS) J. B. Calbert Lincoln Mo.20. FILED 12-31-1936 John B. Calbert Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1936, to Dec 30, 1936I last saw him alive on Dec 27th, 1936 Death is saidto have occurred on the date stated above, at 9:10 a.m.

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

Date of onset

?

Other contributory causes of importance

Chronic Nephritis

Arterio Sclerosis

Name of operation none Date of _____What test confirmed diagnosis? Fundus Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury _____Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoNature of injury No

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) John B. Calbert M.D.12/30 (Address) Sedalia 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.

