

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

Do not use this space.

FEB 16 1937

494

1. PLACE OF DEATH

County Carroll  
Township Carrollton  
City Carrollton (No. ....)

Registration District No. 135  
Primary Registration District No. 3010

File No. ....  
Registered No. 2 .....  
St. .... Ward) .....

2. FULL NAME

Eva Bernadine Young  
(a) Residence, No. .... St., .... Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3, 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
17 11 13

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

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) Carroll Co, Mo

13. NAME E. W. Young

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

15. MAIDEN NAME Walthamoris

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

17. INFORMANT (ADDRESS) E. W. Young, Carroll Co, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home DATE Jan 18, 1937

19. UNDERTAKER (ADDRESS) Carrollton, Mo

20. FILED 1-18, 1937 With Hickman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16, 1937

22. I HEREBY CERTIFY that I attended deceased from 1-6 to 1-16, 1937

I last saw her alive on 1-16, 1937. Death is said to have occurred on the date stated above, at 8 a.m.

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

Acute appendicitis Date of onset  
1-6-1937

Other contributory causes of importance: Peritonitis

Name of operating physician L. L. Young Date of 1-9-37  
What test confirmed diagnosis? for appendicitis 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? No  
If so, specify

(Signed) W. G. Utwood, M. D.  
(Address) Carrollton, Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

