

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

Do not use this space.

FEB 27 1937

1. PLACE OF DEATH

County Lawrence
 Township Vinyard
 City (No. _____) _____

Registration District No. 11-9-2
 Primary Registration District No. 5-2-6

File No. 2038
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Robt Louis Young
 (a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 26, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10 - 1849

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:20 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 87 11 16

The principal cause of death and related causes of importance were as follows:
Pulmonary Hemorrhage
Patient died 1 1/2 hours before I saw him.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 26th
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: 38
 Name of operation none Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 13. NAME Albert Young

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

15. MAIDEN NAME Louise Herman

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

17. INFORMANT Robt Young
 (ADDRESS) 3701 E. 10th St

18. BURIAL, CREMATION, OR REMOVAL PLACE C. Evangelical DATE Jan 28 1937

19. UNDERTAKER Fossett Funeral Home
 (ADDRESS) _____

20. FILED 2-5-1937 Thos H Powell
 Registrar.

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) Wm J. Silsby, M. D.
 (Address) Int. Veteran, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

23B

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Lawrence
Township Maynard
City (No.) St. Ward)

Registration District No. 472
Primary Registration District No. 5636

File No.
Registered No.

2. FULL NAME Robert Louis Jung

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) widower

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26, 1937

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

22. I HEREBY CERTIFY That I attended deceased from, 19....., to, 19.....

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

I last saw him/she on, 19..... Death is said to have occurred on the date stated above, at..... m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min.

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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 no. (years) spent in this occupation

Pulmonary Hemorrhage
Cannot state cause
Do not know

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:
73B

FATHER 13. NAME

Name of operation Date of

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

What test confirmed diagnosis? Was there an autopsy?

MOTHER 15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19.....

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

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury

PLACE DATE, 19.....

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

19. UNDERTAKER (ADDRESS)

If so, specify

20. FILED 2/5 1937 Thos H Powell Registrar

(Signed) Wm J Sibley, M. D.
(Address) Mid Vermont

CAUSE OF DEATH in plain terms, so that it may be properly understood

SUPPLEMENTAL

5-2038