JUN 30 1937

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

Do not use this space.

21636

1. PLACE OF DEATH

County Worth

Township Smith

City Allendale (No. , St. Ward)

Registration District No. 903

Primary Registration District No. 4544

File No.

Registered No.

2. FULL NAME LuElla 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 life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11, 1885

7. AGE YEARS 52 MONTHS 3 DAYS 6 If LESS than 1 day, ...hrs. or ......min.

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

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) Nov. 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Allendale, Mo.

13. FATHER NAME William Wilkinson

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

15. MOTHER MAIDEN NAME Mary J. Jearlds

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

17. INFORMANT (ADDRESS) A. C. Young Allendale

18. BURIAL, CREMATION, OR REMOVAL PLACE Allendale Cemetery DATE Apr 19, 1937

19. UNDERTAKER (ADDRESS) Frank C. Dunfee Grant City, Mo.

20. FILED 6-9 1937 Fred Mull M.D. Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-17 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1917, to 4-17 1937

I last saw her alive on 4-17 1937. Death is said to have occurred on the date stated above, at 5:00 P. m.

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

Mitral regurgitation of the heart

Date of onset 1930

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? 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) S. E. Ross M.D. M.D.

(Address) Grant City M.O.