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

Do not use this space.

27089

PLACE OF DEATH

City Jackson
Residence JacksonRegistration District No. 243Primary Registration District No. 5339

File No. _____

Registered No. _____

(No. _____ St. _____ Ward)

NAME Nancy O YoungResidence, No. _____
(Usual place of abode)
Residence in city or town where death occurred yrs. 8 mos. _____ ds. _____
Hov _____ ag in U. S., If of foreign birth? yrs. _____ mos. _____ ds. _____
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed6. MARRIED, WIDOWED, OR DIVORCED
BAND OF WIFE OF Reese Young7. BIRTH (MONTH, DAY, AND YEAR) Oct 30 1852YEARS 4 MONTHS 4 DAYS 27 If LESS than 1 day, _____ hrs. _____ min.Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

PLACE (CITY OR TOWN) Webster Co. Mo.
STATE OR COUNTRYNAME William HaymesRTHPLACE (CITY OR TOWN) Jessie
STATE OR COUNTRY

AIDEN NAME

RTHPLACE (CITY OR TOWN) Jessie
(STATE OR COUNTRY)RTHPLACE (CITY OR TOWN) Jessie
(STATE OR COUNTRY)

AL CREMATION, OR REMOVAL

DATE Oct 27 1937 DATE _____ 19 _____RTAKER Reese Young
(ADDRESS) Corway Mo7-27-1937 Mrs J N Shennick
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/27 193722. I HEREBY CERTIFY, That I attended deceased from 1 20, 1937, to 1 27, 1937.I last saw him alive on 1 26, 1937. Death is saidto have occurred on the date stated above, at 10 A m.

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

Date of onset

Brachio Pneumonia

Other contributory causes of importance:

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 _____, 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? _____

If so, specify _____

(Signed) E. J. Bailey, M. D.(Address) Webster Co. Mo.

James P. Jones

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

Do not use this space.

1. PLACE OF DEATH

County Dallas
Township Jackson
City Jackson (No. _____)

Registration District No. 243
Primary Registration District No. 336

File No. 27089
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Nancy O. Young
(a) Residence, No. _____ St. _____
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
84 4 27

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 time (years) spent in this occupation _____

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE St Luke DATE Nov 1-30 1937

19. UNDERTAKER (ADDRESS)

20. FILED 7-27, 1937 Wm J N Shewmaker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 / 27, 1937

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

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Date of onset _____

Other contributory causes of importance: _____

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 _____, 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? _____
If so, specify _____
(Signed) E. M. Bailey, M. D.
(Address) Elkland mo

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