

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

Do not use this space.

SEP 21 1937

29930

1. PLACE OF DEATH Jackson Registration District No. 399
 County Kaw / Primary Registration District No. 1002
 Township Kansas City (No. 1414 Locust Street) St. Ward)
 City

2. FULL NAME Clarence B. YOUNG.
Hoyt Hotel
 (a) Residence, No. St., Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 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) March 14 1880.

7. AGE YEARS 57 MONTHS 5 DAYS -- If LESS than 1 day, hrs. or min.

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

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 18

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

13. NAME R J Young

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

15. MAIDEN NAME Belle Ross

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

17. INFORMANT Lloyd Young, brother (ADDRESS) Oelwein, Iowa.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oelwein, IOWA. DATE 8/29/37

19. UNDERTAKER Melody-McGilley (ADDRESS) K. C. Ho.

20. FILED 8/29/37 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-28-37 19

22. I HEREBY CERTIFY That I attended deceased from 19 to 19
 I last saw on 19 Death is said to have occurred on the date stated above, at 2:30 m.
 The principal cause of death and related causes of importance were as follows:
Obstructed Coronary Arteries
163
 Date of onset

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Autopsy 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 8-28-37
 Where did injury occur? Home 1414 Locust (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) Russell W. Son, M. D.
 (Address)

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

I 20314

