SEP 20 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jackson
Township Washington
City ~~Martin City~~ (No. ..... , ... St. ..... Ward)

Registration District No. 404
Primary Registration District No. 5-5-5-8

File No. 30902
Registered No. 5-2

2. FULL NAME Tipton William Young
(a) Residence, No. Martin City, Missouri 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

3. SEX: Ma le
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 16,

7. AGE: 56 YEARS | MONTHS: 9 | DAYS: 5 | If LESS than 1 day, ... hrs. or ..... min.

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 time (years) spent in this occupation

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

FATHER
13. NAME Johnson Young
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Dont't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont' Know

17. INFORMANT (ADDRESS) Mrs. Bessie Young Ma rtin City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Mariah DATE Aug 23 1937

19. UNDERTAKER (ADDRESS) R.V.Lindsey and Sons 3811 Brdy. K.C. Mo.

20. FILED 8-9- 1937 Mrs Jos T Brennan Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 2nd 1937, to Aug 21st 1937
I last saw him alive on Aug 18 1937. Death is said to have occurred on the date stated above, at 12:00 m. Noon
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 1937

Other contributory causes of importance:

8201

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?
If so, specify
(Signed) B.F. Brennan, M. D.
(Address) Martin City Mo.

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.

Dr. Brainard, Martin City, Missouri

Mrs. J. T. Brennin, Grandview, Missouri for Permit.

11 am Sunday