

**OCT 26 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH
 County St. Francois Registration District No. 773
 Township St. Francois Primary Registration District No. 6018A
 City Farmington (No. _____) St. _____ (Ward)

File No. 35171
 Registered No. 148

2. FULL NAME Andy Young
 (a) Residence, No. New Madrid County 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 Male 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 Ludia Young
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December - 1886
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
50 9 ?

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 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) Winston County Alabama
 13. NAME Willey Young
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winston County Alabama
 15. MAIDEN NAME Polly Ann Henson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winston County Alabama

17. INFORMANT (ADDRESS) Hospital Records Farmington, Mo.
 18. BURIAL, CREMATION OR REMOVAL PLACE New Madrid, Mo. DATE Sept. 5, 1937
 19. UNDERTAKER (ADDRESS) Travis Shelby East Prairie, Mo.
 20. FILED Sept 3 1937 T. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3, 1937
 22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1937, to Sept 2, 1937
 I last saw him alive on Sept 2, 1937. Death is said to have occurred on the date stated above, at 7:05 A. m.

The principal cause of death and related causes of importance were as follows:
Generalized arteriosclerosis
Terminal bronchopneumonia
 Date of onset _____
 Other contributory causes of importance:
1070

Name of operation _____ 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) T. J. Robinson M. D.
 (Address) Farmington, 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.

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