

REC'D MAR 20 1938

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

Do not use this space.

7248

1. PLACE OF DEATH

53rd County
Township Lawrence
City Pittsburg Mo.

Registration District No. 470

Primary Registration District No. 5693

File No.

Registered No. 22

St.

Ward

2. FULL NAME

(a) Residence, No.

(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.

Mrs. Annie Young 52.0

Shayer mo. of

Ward.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Fe

4. COLOR OR RACE

wh

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

married

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

young

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

2-19-1912

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, hrs.
or min.

25

11

15

OCCUPATION

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

Housewife

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

Not known

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

Memphis Tenn

MOTHER

13. NAME

Douglas Yancey

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

Pittsburg Mo

15. MAIDEN NAME

Gertrude Hutchinson

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

mo

17. INFORMANT
(ADDRESS)Road clerk
no place, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rose Hill

DATE 2/10

38

19. UNDERTAKER
(ADDRESS)No Care Home
P.O. Holmes

20. FILED

Feb 28 1938

P.O. Holmes

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-6 1938

22. I HEREBY CERTIFY, That I attended deceased from

1-26-38, 1938, to 2-6-38, 1938.

I last saw him alive on 2-5-38, 1938. Death is said

to have occurred on the date stated above, at 2:30 p. m. A.

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

Pneumonia, Tuberculosis

Date of onset

Not known

Other contributory causes of importance:

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

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) Chester McMillin, M. D.

421 (Address) Pittsburg

WRITE PRINTED WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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