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.

REC'D MAR 21 1938

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

Do not use this space.

1. PLACE OF DEATH

County Marion — Registration District No. 548. — File No. 7426

64 Township Fabius — Primary Registration District No. 5743. — Registered No. 14

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Ruth E. Young 520

(a) Residence, No. ..... St. ..... Ward. (If nonresident, give city or town and State)
(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: Female
4. COLOR OR RACE: white
5. ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Albert D. Young

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sep. 14- 1859

7. AGE: YEARS 78 — MONTHS 5 — DAYS — If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 0

FATHER

13. NAME: W. R. Johnson 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia 1

MOTHER

15. MAIDEN NAME: Louisa Dale
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Mrs. I. G. Ferguson, Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood, Palmyra, Mo. DATE Feb 17 1938

19. UNDERTAKER (ADDRESS): E. J. Sprague, Palmyra, Mo.

20. FILED Feb. 17 1938 Gertrude Lee, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-12, 1938, to 2-14, 1938

I last saw her alive on 2-14, 1938. Death is said to have occurred on the date stated above, at 5.30 A.m.

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

Chronic Colitis
Chronic Arthritis
57 a

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) Dr. T. A. Roselle, M. D.

(Address) Palmyra Mo.