REC'D MAR 25 1938

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

Do not use this space.

1. PLACE OF DEATH
County Sullivan
Township Union
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 849
Primary Registration District No. 6115

File No. 8357
Registered No. 27

2. FULL NAME George Adam Young 520

(a) Residence, No. ..... 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18-1863

7. AGE: YEARS 75 | MONTHS 4 | DAYS 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Mo. 0

FATHER
13. NAME George Young 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 7

MOTHER
15. MAIDEN NAME Elizabeth Sharr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) Harley Young Green City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet DATE Feb. 9 1938

19. UNDERTAKER (ADDRESS) Glenn E. Kent Green City, Mo.

20. FILED 3-9 1938 Virginia Gibson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7 1938

22. I HEREBY CERTIFY, That I attended deceased from JAN 6 1938, to Feb 97, 1938
I last saw him alive on Feb 1, 1938. Death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	1936
71 a	

Other contributory causes of importance:
Senility
Inanition

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? No
If so, specify .....
(Signed) T. R. McArtor, M. D.
(Address) Browning Mo

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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.

WHITE PLAINS, WITH UNPADING INK—THIS IS A PERMANENT RECORD