

REC'D APR 1 1938

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

Do not use this space.

10365

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 131
Township Richards Primary Registration District No. 5782
City Orolia, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

Will J YOUNG 1520

(a) Residence, No. Orolia, Mo. 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 (put in the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Floy Armstrong6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27, 1889

7. AGE YEARS 48 MONTHS 5 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

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. Timber Mill Wkr
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Jackson, Missouri (STATE OR COUNTRY) 613. NAME Ben Young 614. BIRTHPLACE (CITY OR TOWN) Jackson, Missouri (STATE OR COUNTRY) 615. MAIDEN NAME Maggie Sheppard16. BIRTHPLACE (CITY OR TOWN) Egypt Mills, Missouri (STATE OR COUNTRY)17. INFORMANT Mrs. Will J Young (ADDRESS) Orolia, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE McCleains Chap. Cem. DATE Mar. 6th 193819. UNDERTAKER Haman's Funeral Home (ADDRESS) Cape Girardeau, Mo.20. FILED Mar 10 1938 Oliver J Miller Registrar. 126 (Address) Jackson, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 4, 193822. I HEREBY CERTIFY, that I attended deceased from Feb 19 1938, to Feb 3, 1938I last saw him alive on March 3, 1938 Death is said to have occurred on the date stated above, at 3:15 a.m.

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

Septic Quermia

Date of onset

Other contributory causes of importance: 108

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) W. H. Hays

M. D.

(Address) Jackson, 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.

