

REC'D JUN 17 1938

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

Do not use this space.

18626

1. PLACE OF DEATH

 County Johnson Registration District No. 14
 Township Jefferson Primary Registration District No. 5587
 City (No. _____) St. _____ Ward _____
 Registered No. _____

FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

 Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Matilda Young6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9th 18747. AGE YEARS 63 MONTHS 11 DAYS 7 IF LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R. R. 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) Cole Camp, Mo (STATE OR COUNTRY)13. NAME unknown14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)17. INFORMANT J. L. Howard (ADDRESS) Windsor, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Chilhowee DATE 5-18-38 1919. UNDERTAKER O. L. Cook (ADDRESS) Chilhowee, Mo

20. FILED _____ 19 _____ Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 193822. I HEREBY CERTIFY, That I attended deceased from May 16 1938, to May 16 1938I last saw him alive on May 16 1938 Death is saidto have occurred on the date stated above, at 1:30 p.m.

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

① Cerebral Hemorrhage Date of onset

May141938

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis Brain Was there an autopsy? no23. 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) Paul Howard, M. D.(Address) Chilhowee, Mo

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ment of OCCUPATION is very important.

OF DEATH.

O. L. COOK
FUNERAL DIRECTOR
CHILHOWEE, MISSOURI

May 28th 1938

Dr J.R.Jennings,
Windsor, Mo.

Dear Dr- I am enclosing death certificate for Geo W.Young whose death occured 16th 1938,I sent you Certificate at that time,please destroy the first one as some of the questions were answered wrong, in fact date of death was not correct, please destroy the first. and register the one I am sending to-day,

Am sorry to cause you this trouble.but.
feel like it best to have correct

Respt yours,

O. L. Cook

*checked with
Jennings.*

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

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Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 14
(b) Township Jefferson Primary Registration District No. 5587 Registered No.
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

George Washington Young
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 11 7

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

FUNERAL DIRECTOR (ADDRESS)

FILED May 18 1938 Jennings Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1938

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... Death is said to have occurred on the date stated above, at m.

I last saw h... alive on 19... The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:

Date of onset

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) G. H. Groves, M. D.

(Address) Probstner No.