

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 JUL 25 1938

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

Do not use this space.

1. PLACE OF DEATH

County St. Clair
Township Callers
City Callers

Registration District No. 762
Primary Registration District No. 6003

File No. 22807
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. James D. Young St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 2 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 82 8 23

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) Illinois

13. NAME John Young

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

15. MAIDEN NAME Elena Evans

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

17. INFORMANT Ettie Young (ADDRESS) Callers Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wobayle Can DATE June 26 1938

19. UNDERTAKER Joseph Paul Finsterlin (ADDRESS) Callers Mo

20. FILED July 9 1938 Mrs. S. L. Landaker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:30 A.M.

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

Struck by over the right ear by a car was shanking car while in gear and was pinned against a stump

Other contributory causes of importance: Also had a fracture of the neck

Name of operation J.P.W. 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) Abdulla coroner, M-D
(Address) Callers

