

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

25521
Do not use this space.

1. PLACE OF DEATH: **DECD AUG 4 1938**
 (a) County Jackson Registration District No. 398
 (b) Township Independence Primary Registration District No. 3019
 (c) City Independence (d) Street No. 411 W. Lynn Registered No. 190
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 Elizabeth Young **571**
 (a) Residence, No. 411 W. Lynn 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 Fe 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 14, 1871

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>67</u>	<u>3</u>	<u>19</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
 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) Lafayette Co. Mo. **0**

FATHER
 13. NAME Alonzo Thomas **0**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. **9**

MOTHER
 15. MAIDEN NAME Frances
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.

17. INFORMANT (ADDRESS) Price Estes
1256 White Oak.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE 7/8 **138**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hartman's Bros
1729 N. 4th

20. FILED 7-13-1938 J. L. Cook Local Registrar. **360**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/5 **1938**

22. I HEREBY CERTIFY, That I attended deceased from 7-1 **1938**, to 7-5 **1938**
 I last saw h. alive on 5:25 P.M. Death is said to have occurred on the date stated above, at 5:25 P.M.
 The principal cause of death and related causes of importance were as follows:
Nephritis Chronic
Interstitial
 Date of onset 7-1-38

Other contributory causes of importance
Uræmic Poisoning **7-5-38**

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) S. B. Guffey M. D. (Address) Independence, 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.

48
5
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

J. B. Watkins

_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed *J. B. Watkins*

Licensed Embalmer No. *2889*

P. O. Address *1729 Lydia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.