

REC'D OCT 18 1938

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

Do not use this space.

1. PLACE OF DEATH  
County Andrew Registration District No. 26  
Township Salt Run Primary Registration District No. 5034  
City Meramec (No. Q 7 D) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Alice M. Young  
(a) Residence, No. Meramec No. Q 7 D St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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.

File No. 31599  
Registered No. 128  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ Widowed (write the word)

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ Widowed (OR) WIFE OF Joe Young

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-12-1852

7. AGE YEARS 86 MONTHS 1 DAYS 9 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Former Wife  
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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 13. NAME Willis Hicks  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Mary Rigg  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Melvin Young (son)  
(ADDRESS) Meramec R.R.

18. BURIAL, CREMATION, OR REMOVAL PLACE Benson Cemetery DATE Sept 22 1938

19. UNDERTAKER Smith & Hanger  
(ADDRESS) 24th St. Meramec

20. FILED Sept 22 1938 Blanche Neely  
Registrar

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1938, to Sept 17, 1938  
I last saw her alive on Sept 17, 1938 Death is said to have occurred on the date stated above, at 7: A m.  
The principal cause of death and related causes of importance were as follows:  
myocarditis chr. Date of onset \_\_\_\_\_  
93C  
Other contributory causes of importance:  
Senility  
arterio-sclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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) W. Williams M. D.  
23 (Address) Meramec, Mo.

Date Filed 10-8-38

District File Number 10-38-235

District Health Officer No. 10

RECEIVED