

DEC 5 JAN 23 1939

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

Do not use this space.

41680

File No. 4746
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Raw Primary Registration District No. 100
City Kansas City (No. Trinity Lutheran Hospital) St. _____ Ward _____

2. FULL NAME William Young

(a) Residence, No. 46 North Early Kansas City, Kansas
(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 (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
64 no record

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) no record

13. NAME Wank Young

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME Wank Seed

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Mrs. Earl Pattimore
(ADDRESS) 412 N. Early

18. BURIAL, CREMATION, OR REMOVAL PLACE Union DATE Dec. 5, 1938

19. UNDERTAKER Gates Funeral Home
(ADDRESS) Kansas City, Kansas

20. FILED Nov 5, 1938 M. M. Brower
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 3, 1938

I HEREBY CERTIFY, That I attended deceased from November 25, 1938, to December 3, 1938

I last saw him alive on December 2, 1938. Death is said to have occurred on the date stated above, at 7:25 p. m.

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

Coronary Thrombosis
Sandloty

Date of onset

Other contributory causes of importance:

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) G. P. Schaefer, M. D.(Address) 1401 S. W. Blvd. K.C., Mo.

