

REC'D FEB 21 1939

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

Do not use this space.

1436

1. PLACE OF DEATH

County AdairRegistration District No. 4Township BrooktonPrimary Registration District No. 3001City Hicksville

(No.)

St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.

(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

M

4. COLOR OR RACE

N.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFHattie M. Young

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

Sept. 1, 1873

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.654135

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Merchant9. 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) Jan. 1, 193811. Total time (years)
spent in this
occupation 3512. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Adair Co. Mo.

FATHER

13. NAME Ben. W. Young14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)H. Va.

MOTHER

15. MAIDEN NAME Emily Edmunds16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Adair Co. Mo.17. INFORMANT
(ADDRESS)Hattie M. Young,
Hicksville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Maple Hill

DATE

1/4

1939

19. UNDERTAKER
(ADDRESS)F. P. Emery,
Brookton, Mo.

20. FILED

Jan 3, 1939Spencer L. Freeman

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2-1939

22. I HEREBY CERTIFY, That I attended deceased from

9-1-1938 to 1-2-1939I last saw him alive on 1-2-1939. Death is saidto have occurred on the date stated above, at 9:30 AM

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

Coronary occlusion

Date of onset

Other contributory causes of importance:

HypertensionName 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) P. R. Ellis, M. D.(Address) Hicksville, 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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-25

Date Filed FEB 9 1939