WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

REC'D APR 17 1939

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 9509
Township Kaw — Primary Registration District No. 1002 — Registered No. 1115
City Kansas City (No. St Joseph Hospital St. Ward)

2. FULL NAME Mr. David F. Young
(a) Residence, No. 133 North Quincy 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: 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 Elva B Young

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-19 1892

7. AGE — YEARS: 46 — MONTHS: 4 — DAYS: 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Service Co
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) Missouri

FATHER
13. NAME Wm Young
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Mary E. Unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Elva B. Young 133 N. Quincy

18. BURIAL, CREMATION, OR REMOVAL Malta Bend Mo DATE Mar 12 1939

19. UNDERTAKER (ADDRESS) Mrs C L Foster 918 Brooklyn Kc. Mo

20. FILED Mch 12 1939 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1935, to March 10, 1939
I last saw him alive on March 10, 1939 Death is said to have occurred on the date stated above, at 10 40 am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis	2-27-39
Cholelithiasis	
126	

Other contributory causes of importance:

Peritonitis + Intestinal Obstruction	3-9-39

Name of operation Cholecystitis Date of 2-27-39
What test confirmed diagnosis? Surgery Was there an autopsy? yes

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) R W Anderson M. D.
(Address) 915 Argyle Bldg