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.

REC'D APR 25 1939

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

11623
Do not use this space.

1. PLACE OF DEATH
(a) County Monroe. Registration District No. 581
(b) Township or Monroe Township Primary Registration District No. 5778 Registered No.
(c) City — (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edgar Lee Young
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Nora Francis Young.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3rd 1867
7. AGE: Years 62 Months 6. Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer.
9. Industry or business in which work was done, as saw mill, bank, etc. General Agriculture
10. Date deceased last worked at this occupation (month and year) Dec. 28 1938
11. Total time (years) spent in this occupation all his life.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe County Missouri

FATHER
13. NAME Jacerah Young.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

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

17. INFORMANT Lewis E. Young
(ADDRESS) 4114 Maryland Ave St Louis Mo.
18. BURIAL, CREMATION, OR REMOVAL St. Jude's Cemetery
PLACE Monroe, Mo. DATE Mar. 7th 1939
19. FUNERAL DIRECTOR (NAME) Wilson & Son.
(ADDRESS) Monroe City, Mo.
20. FILED 3/6 1939 W. Dripkin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5th 1939
22. I HEREBY CERTIFY, That I attended deceased from 2/15 1939, to 3/4 1939
I last saw him alive on 3/4 1939. Death is said to have occurred on the date stated above, at 1:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	3/2/39
Other contributory causes of importance:	
Chronic myocarditis	1937
Arteriosclerosis	1936

Name of operation Date of
What test confirmed diagnosis? Clinical 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) F. N. Simmons D.O., M. D.
(Address) Monroe City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-39-654
Date Filed APR 19 1939

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed O. W. Wilson

Licensed Embalmer No. 1896.

P. O. Address Monroe City Mo.

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

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