

30 JUL 13 1939

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

Do not use this space.

1. PLACE OF DEATH ²
57 County Lincoln 1 Registration District No. 488
Township Hawk Point Primary Registration District No. 4295
3 City Hawk Point (No. _____ St. _____ Ward _____)
0

2. FULL NAME Emma Gertrude Young
(a) Residence, No. Hawk Point Mo. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. 82553
Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (widowed)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30, 1874
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Lincoln City, Mo.

13. NAME Phillip Moseley 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Mary Elizabeth King
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Will Barley
(ADDRESS) Hawk Point, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hawk Point - Cem. DATE 6-18-39

19. UNDERTAKER M. Coy General Home
(ADDRESS) Troy, Mo. 439

20. FILED 6-17, 1939 W. P. Gresham
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1939
22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939, to June 15, 1939.
I last saw her alive on June 15, 1939. Death is said to have occurred on the date stated above, at 12:10 p. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Tongue
Other contributory causes of importance: 45

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____
(Signed) H. S. Harris M.D. M. D.
(Address) Troy, Mo.

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.

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