

JUL 14 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

23548

Do not use this space.

1. PLACE OF DEATH

(a) County Webster(b) Township Ozark(c) City Marshfield(e) Length of residence in city or town where death occurred 520 yrs. mos. ds.Registration District No. 896Primary Registration District No. 6198Registered No. 20(d) Street No. Visiting

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 520 John Henry YoungConway, Route 3 - Jackson Township

(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)

Widowed

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

Mary C. Young

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

Sept. 2, 1858

7. AGE

YEARS

85

MONTHS

3

DAYS

9

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.

Farm

10. Date deceased last worked at this occupation (month and year)

1930

11. Total time (years) spent in this occupation

life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tennessee

FATHER

13. NAME

William C. Young

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tennessee

MOTHER

15. MAIDEN NAME

Jane Ray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tennessee

17. INFORMANT (ADDRESS)

Ellis YoungMarshfield, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Luke

DATE

Dec. 13

1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Rex RaineyMarshfield, Missouri

20. FILED

June 20, 1939 Elizabeth ThigleyLocal Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11, 193822. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1938, to Dec. 10, 1938I last saw him alive on Dec. 10, 1938. Death is saidto have occurred on the date stated above, at 3 a.m.

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

Acute Coronary Occlusion

Date of onset

12/9/38

Other contributory causes of importance:

Cerebral Arteriosclerosis

Years

Name of operation

No

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)

C. P. Macdonnell, M. D.

(Address)

Marshfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

I X14023

RECEIVED

District Health Officer No. 6,

District File Number 739-1445

Date Filed JUL 11 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 _____

Licensed Embalmer No. _____

P. O. Address _____

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

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