

1939 AUG 22 1939

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

Do not use this space.

25867

1. PLACE OF DEATH

County Jackson Registration District No. 204
Township Washington Primary Registration District No. 5554
City Wasson Liberty (No. 2192, 77th Terrace) 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 Female 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 Andrew P. Young

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 11 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Mouth of Wilson N. C.

13. NAME Paisley

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Addison Young Grandmother

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellton, Mo DATE July 20, 1939

19. UNDERTAKER (ADDRESS) C. K. George & Sons Grandview, Mo

20. FILED 8-10-39 Max J. T. Brennan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1939

22. I HEREBY CERTIFY, that I attended deceased from Feb 18, 1932 to July 18, 1939

I last saw her alive on July 17, 1939 Death is said to have occurred on the date stated above, at 1:08 a.m.

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

Chronic Interstitial Nephritis Date of onset July 6, 1939
acute exacerbation

Other contributory causes of importance:
Hypertension - 10 yrs
Chronic myocarditis
Terminal hypostatic pneumonia

Name of operation _____ Date of _____

What test confirmed diagnosis? Lab. & 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 _____

25. (Signed) Ada B. Pader, M. D.
Martin City, Mo (Address)

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.

