

NOV 19 1940

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

Do not use this space.

1. PLACE OF BIRTH

County Boone  
Township Arthey fork  
City (No. ....)

Registration District No. 74  
Primary Registration District No. 5113

File No. 34792  
Registered No. 14  
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 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 Lula Young

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2nd 1857

7. AGE YEARS 83 MONTHS 9 DAYS 0 If LESS than 1 day, .... hrs. or .... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Monroe Co, Mo;

FATHER 13. NAME Jim Young

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

MOTHER 15. MAIDEN NAME Elizabeth Barker

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

17. INFORMANT (ADDRESS) Mrs Lula Young

18. BURIAL, CREMATION, OR REMOVAL Paris Mo Cem DATE 10/4/40 1940

19. UNDERTAKER (ADDRESS) Mrs M. J. Newquist

20. FILED 10/4-1940 Mrs F. L. Lawrence Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-2-1940

22. I HEREBY CERTIFY, That I attended deceased from 2-4-1938 to 9-22-1940

I last saw him alive on 9-22-1940 Death is said to have occurred on the date stated above, at 3 P. m.

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

Pericious Anaemia Date of onset 1937  
nil

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Lab. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury .....

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 None

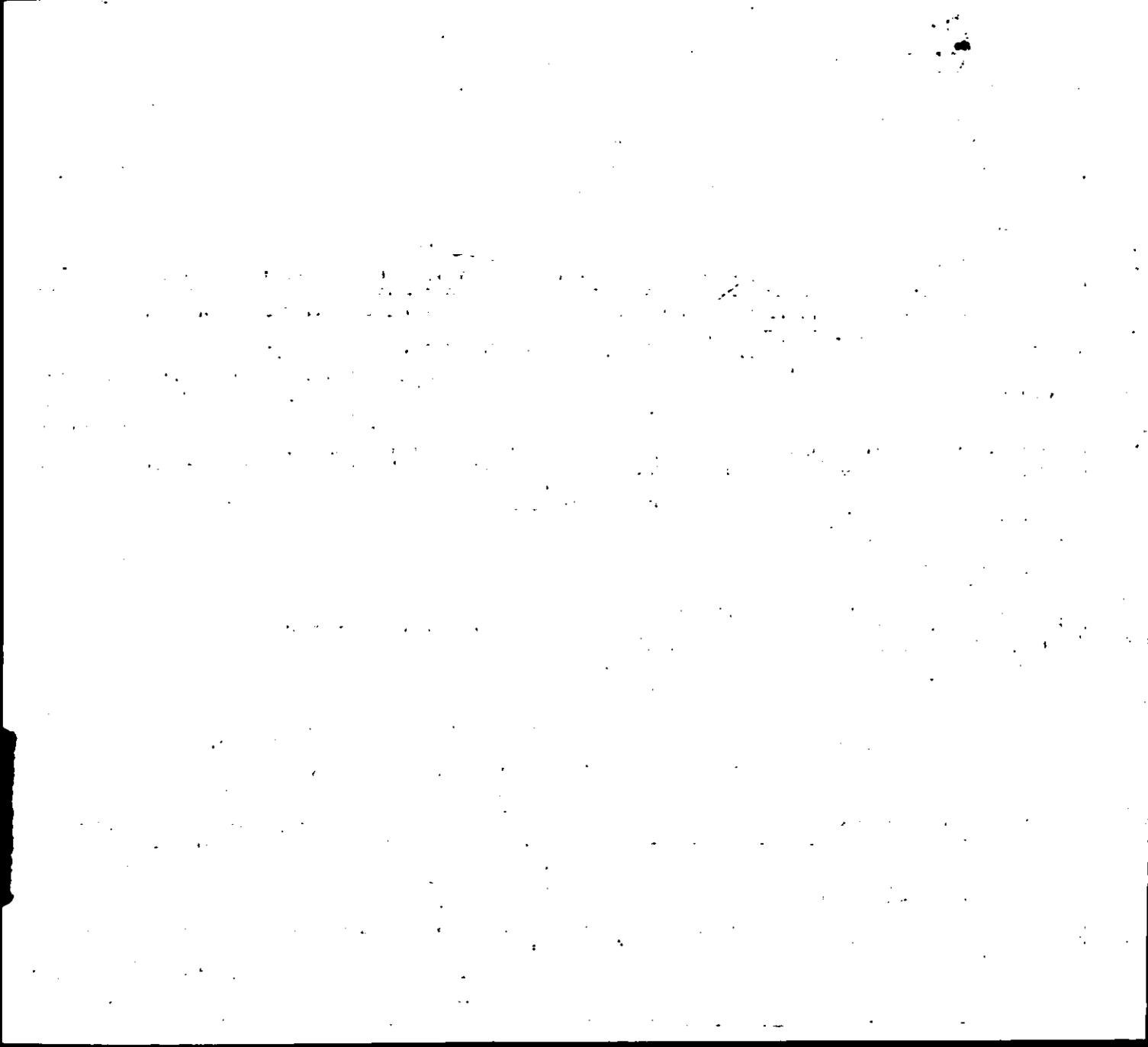
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) W. D. Bryant M. D.

(Address) Calcutchie Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every attempt or information should be caremully supplied. AGE should be stated EXACTLY. PHYSICIANS should state



MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **34792**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. **74**

Primary Registration District No. **5119**

Registrar's No. **14**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

V. MOORE

1. PLACE OF DEATH:

(a) County **Boone**  
(b) City or town **Rosely Fork**  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community **HEITZ** (Specify whether years, months or days)

3. (a) PRINT FULL NAME

**Heitz, Young**

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **M**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **m**

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **83** Months **9** Days **0** If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name  
13. Birthplace (City, town, or county) (State or foreign country)  
14. Maiden name  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) **12-13-1940** (Date received local registrar) **W. P. Dyant** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone**  
(c) City or town **Hallsville, Rural**  
(If outside city or town limits write "RURAL")  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **10** day **2** year **1940** hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw h. alive on and that death occurred on the date and hour stated above. Immediate cause of death

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy  
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury  
23. Signature **W. P. Dyant** (M. D. or other) Address **Columbiana** signed

SUPPLEMENTAL

GOVERNMENT OF ARIZONA

1915