

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

Do not use this space.

4819

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City (No. 1208 West 39th)

Registration District No. 335
Primary Registration District No. 100

File No. 682
Registered No. 682
St. _____ Ward _____

2. FULL NAME

Mrs Fannie S Young
(a) Residence, No. 1208 W 39 St. 12 Ward.

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28 1869

7. AGE YEARS 62 MONTHS 4 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 235

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) Missouri

13. NAME John D. Moutrey

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

15. MAIDEN NAME Elvia Munday

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

17. INFORMANT (ADDRESS) John W. Young

18. BURIAL, CREMATION, OR REMOVAL PLACE Sum City DATE Feb. 19 1932

19. UNDERTAKER (ADDRESS) Morticians Serra Co

20. FILED 2/18 1932 M. M. Crowne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17 31

22. I HEREBY CERTIFY, That I attended deceased from Aug 1931, to Feb 17 1932

I last saw him alive on Jan 19 1932 Death is said to have occurred on the date stated above, at 410 m.

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

Carcinoma of uterus for 2 yrs. resulting in generalized carcinoma-metastasis Date of onset _____

Other contributory causes of importance: 50% of 8

Name of operation none 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? No 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 no

(Signed) Harry L. Jones M. D.

(Address) Kansas City 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.

Dr. Henry L. J.
Cypre 13689

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