

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

APR 26 1935

9282

1. PLACE OF DEATH

County Jackson
 Township _____
 City Kansas City

Registration District No. 399
 Primary Registration District No. 3002
 (No. 3827 Troost)

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

2. FULL NAME Bo Sing Young

(a) Residence, No. 3827 Troost
 (Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 32 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 Yellow 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Low Shee Young
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
 7. AGE YEARS 46 MONTHS _____ DAYS _____ If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurent
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Mong Fo Young

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs Low Shee Young
 (ADDRESS) 3827 Troost

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Highland Park DATE Mar 22 1935

19. UNDERTAKER Wagner Funeral Home
 (ADDRESS) 204 W. Linwood

20. FILED 3-21 1935 M. M. Crowe ass't Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1933, to March 20 1935

I last saw him alive on March 19 1935. Death is said to have occurred on the date stated above, at 2:15 P.m.

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

Date of onset

Diabetes MellitusNov 1 34Carcinoma UterusMar 20 35

Other contributory causes of importance:

Diabetes MellitusNov 1 33Name of operation _____ Date of _____What test confirmed diagnosis? Regulation 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)

(Address) C. P. Perry M. D.
1225 Grand Ave.

Dr Lantz

1325 Grand