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.

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

Do not use this space.

33781

1. PLACE OF DEATH

County Jackson — Registration District No. — File No.

Township Kaw — Primary Registration District No. — Registered No. 4551

City Kansas City (No. 5741 McGee St. St. Ward)

2. FULL NAME Robert C Young

(a) Residence. No. 5741 McGee St., 8 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 23, 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	46	4	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Dept. Manager Robert

(b) General nature of industry, business, or establishment in which employed (or employer) Kieth Furn. Co.

(c) Name of employer

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

PARENTS

10. NAME OF FATHER William Taylor Young

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Scotland

12. MAIDEN NAME OF MOTHER Mary Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs. Marjorie Young (Address) 5741 McGee St.

15. FILED 11/30, 1927 M. M. Crane asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 30 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1927, to Nov 29, 1927 that I last saw him alive on Aug 29, 1927, and that death occurred, on the date stated above, at 3:10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Lymphatic Leukemia

72 A (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 65 A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Abraham Soplug, M. D

Nov 30, 1927 (Address) Argyle Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill Cem — DATE OF BURIAL 12-2 1927

20. UNDERTAKER Stine & McClure — ADDRESS 924 Oak

Dr. A. Lopkin,
405 Waldheim Bldg.
VI 3166