

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

Do not use this space.

9697

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph, (No. 2522 Seneca St.) _____ St. _____ (Ward)

File No. _____
Registered No. 407
_____ St. _____ (Ward)

2. FULL NAME

Cynthia A. Young

(a) Residence. No. 6606 King Hill Ave. St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 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 George W. Young

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 7, 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	75	2	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home.
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Nodaway Co., Mo.

10. NAME OF FATHER Thos. A. Brown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT W.B. Young

Address 6606 King Hill Ave.

15. FILED 26 1929 John L. [Signature] REGISTRAR

2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 25, 1929 19

17. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1928 to Mar. 25, 1929 that I last saw her alive on Mar 24, 1929, and that death occurred, on the date stated above, at 6.55 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

9301
1120 Chronic myocarditis
about 2 yrs. (duration) yrs. mos. ds.
CONTRIBUTORY Asthma
about 30 yrs. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Chrical findings
Dr. [Signature] M. D.
3/26, 1929 (Address) 301 Phys & Surg 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

Memorial Park Cemetery

DATE OF BURIAL Mar. 27, 1929
ADDRESS _____

20. UNDERTAKER

Walter Meinkoff 1302 Faraon St.

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.

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1
2
3

MAR 26 1929

