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.

1. PLACE OF DEATH
County Dunklin — Registration District No. 290 — File No. 12224 a
Township Salem — Primary Registration District No. 5404 — Registered No. 69
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Ella Young
(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: Fem
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): ~~John Young~~ Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch 13 1868

7. AGE: 62 YEARS — MONTHS: 1 — DAYS: 8 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(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): Ill.

PARENTS
10. NAME OF FATHER: William Elder
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ill.
12. MAIDEN NAME OF MOTHER: Jane Tippy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ill.

14. INFORMANT: Fred McCally
(Address): Arbyrd, Mo.

15. FILED 11-1 1930 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr 13 1930

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Bright's Disease
131
90B
(duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (SECONDARY): Acute Pericarditis
(duration) ..... yrs. 1 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? Cor. View
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J. Rigdon, M. D.
4-13-1930 (Address) Kennett Mo

*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: Lake Cree — DATE OF BURIAL: 4-13-1930

20. UNDERTAKER: Dunklin Co. — ADDRESS: —

NOV 22 1930

Nov 1—30

Senath me this was left in my office the other day By whom I do not know

F M Spinder MD
Local Registrar

PS I just seen the Undertaker McHaines and he informs me that he timed it in was an oversight

DR. F. W. SPEIDEL

SENATH, MO.

Office Phone 39 Residence Phone 60

Reg. No. 2428

℞ For _____

1930
S-1234A

_____ M. D.

TAKE TO

CANEER DRUG STORE

SENATH, MO.

No. _____

Date _____