

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

Do not use this space.

29989

1. PLACE OF DEATH

County Jasper Registration District No. 411
 Township Lebanon Primary Registration District No. 2002
 City Joplin (No. 27th & Byers Ave St. _____ Ward _____)

2. FULL NAME

James William 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Sarah Jane Young
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 16, 1858
 7. AGE YEARS 75 MONTHS 5 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Minister
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salvation Army
 10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrain Co., Mo.

13. NAME Thomas Young
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Casper Co., Mo.

15. MAIDEN NAME Margaret Ward
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico, Mo.

17. INFORMANT Mrs. J. W. Young
 (ADDRESS) 27th & Byers - Joplin

18. BURIAL, CREMATION, OR REMOVAL Funerary DATE Sept 12, 1933

19. UNDERTAKER Lanphear Mortuary
 (ADDRESS) Joplin Mo.

20. FILED 9-12-33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1933 to Sept 11 1933

I last saw him alive on Sept 10 1933 Death is said to have occurred on the date stated above, at 10:30 A.

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

Lobar Pneumonia Date of onset 9-7-33
105
870 108
 Other contributory causes of importance:
Paralysis 1928

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify H. W. Wilbur, M. D.
 (Signed) _____ (Address) Joplin 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.

OCT 20 1933

