

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.

NOV 10 1933

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

Do not use this space.

284

85

1. PLACE OF DEATH
 11 County Bushman Registration District No. 101
 5 Township Washington Primary Registration District No. 101
 9 City St. Joseph (No. State Hospital # 2) St. _____ Ward _____

2. FULL NAME Abe Young
 (a) Residence, No. State Hospital # 2 St. _____ Ward Jackson Co. Mo
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 32292
 Registered No. 1052

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown 1863

7. AGE YEARS MONTHS DAYS if LESS than 1 day, _____ hrs. or _____ min.
70 unknown

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) unknown

FATHER
 13. NAME unknown
 14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) unknown

MOTHER
 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Records State Hospital St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Cemetery DATE Oct. 27 1933

19. UNDERTAKER (ADDRESS) E. R. Siderfady 602 So 10th St

20. FILED 10-27 1933 John R. Bender Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 24 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/30 1933 to 10/24 1933
 I last saw her alive on 10/23 1933. Death is said to have occurred on the date stated above, at 7:15 a. m.
 The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia 10/24/33
A3C
107A
 Other contributory causes of importance:
Chronic Myocarditis prior to 4/24/33

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

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? n
 If so, specify _____
 (Signed) Dr. Clayton Smith, M. D.
 (Address) State Hospital # 2 St. Joseph Mo

