

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

Do not use this space.

37735

**1. PLACE OF DEATH**

County St. Louis  
Township Bonhomme  
City Valley Park (No.         )

Registration District No. 785  
Primary Registration District No. 60.31

File No. 1  
Registered No. 2  
St.          Ward         

**2. FULL NAME**

~~Will Young~~ George Wm Young  
(a) Residence, No. Valley Park St. Rd 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Julia A. Young</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 23 1933</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>2</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		If LESS than 1 day, ..... hrs. or ..... min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
13. NAME <u>Thas L. Young</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
15. MAIDEN NAME <u>Mary Smizes</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
17. INFORMANT <u>Julia A Young</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rock Hill Cem.</u> DATE <u>11/25/1935</u>		
19. UNDERTAKER <u>John C. ...</u>		
20. FILED <u>Nov 24 1933</u> <u>Wm L. ...</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

20

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/23/1933

22. I HEREBY CERTIFY That I attended deceased from         , 1933, to         , 19        .

I last saw h          alive on         , 19        . Death is said to have occurred on the date stated above at 9AM.

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

Suicide; by intent of destruction tied rope around rafter in woodshed, putting rope around neck while standing on stump of wood. Jumped off of stump of wood, as noose tightened around neck. Hung there until strangulation was complete.

Other contributory causes of importance:         

Name of operation Coroner's view Part 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         

(Signed) John B. ... M. D.  
(Address) 271 E. ...

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.

JAN 4 1934

Se6; Senile dementia.