

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.

22 1935

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

Do not use this space.

6193

1. PLACE OF DEATH
 County New Madrid Registration District No. 604
 Townshp. New Madrid Primary Registration District No. 4358
 City New Madrid (No.) St. Ward

2. FULL NAME Link 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 <u>Male</u>	4. COLOR OR RACE <u>Negro</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>Essie King</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about 1865</u>		
7. AGE YEARS <u>about 70</u>	MONTHS	DAYS
		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>		
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) <u>mo</u>		
13. NAME <u>unk</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unk</u>		
15. MAIDEN NAME <u>unk</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unk</u>		
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Community</u> DATE <u>Feb 6</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Richards Undert Co.,</u> <u>new Madrid</u>		
20. FILED <u>3/14</u> 19 <u>35</u> <u>W. B. Bannan</u> Regist.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 1935

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

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 1.00 a.m.

The principal cause of death and related causes of importance were as follows:
Died without medical attention

Date of onset

Other contributory causes of importance:

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.....
 (Signed) W. B. Bannan M. D.
 (Address) New Madrid, Mo.

