

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

Do not use this space.

**JUL 24 1935**

20248

**1. PLACE OF DEATH**

55 County Lewine Registration District No. 468  
 Township Marionville Primary Registration District No. 4281  
 2 City Marionville (No. 20248) St. Missouri Ward 18

**2. FULL NAME**

Dixie Nison Jones Young  
 (a) Residence, No. 20248 St. Missouri Ward 18  
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
6 27

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc.  
 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) Marionville Mo

FATHER  
 13. NAME Louis Nison Young

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jules Pt La

MOTHER  
 15. MAIDEN NAME Grace Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jules Pt La

17. INFORMANT (ADDRESS) Mrs. Dixie Jones Young

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapel Hill DATE June 15 1935

19. UNDERTAKER (ADDRESS) H. Drashby

20. FILED Jul 10 1935 Raura O. Canaday Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 1935

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1935, to June 17, 1935  
 I last saw him alive on June 16, 1935. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Enter - colitis  
Complicated by  
spiral meningitis  
peritonitis  
 Date of onset 6-5-35  
6-15-35

Other contributory causes of importance:

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

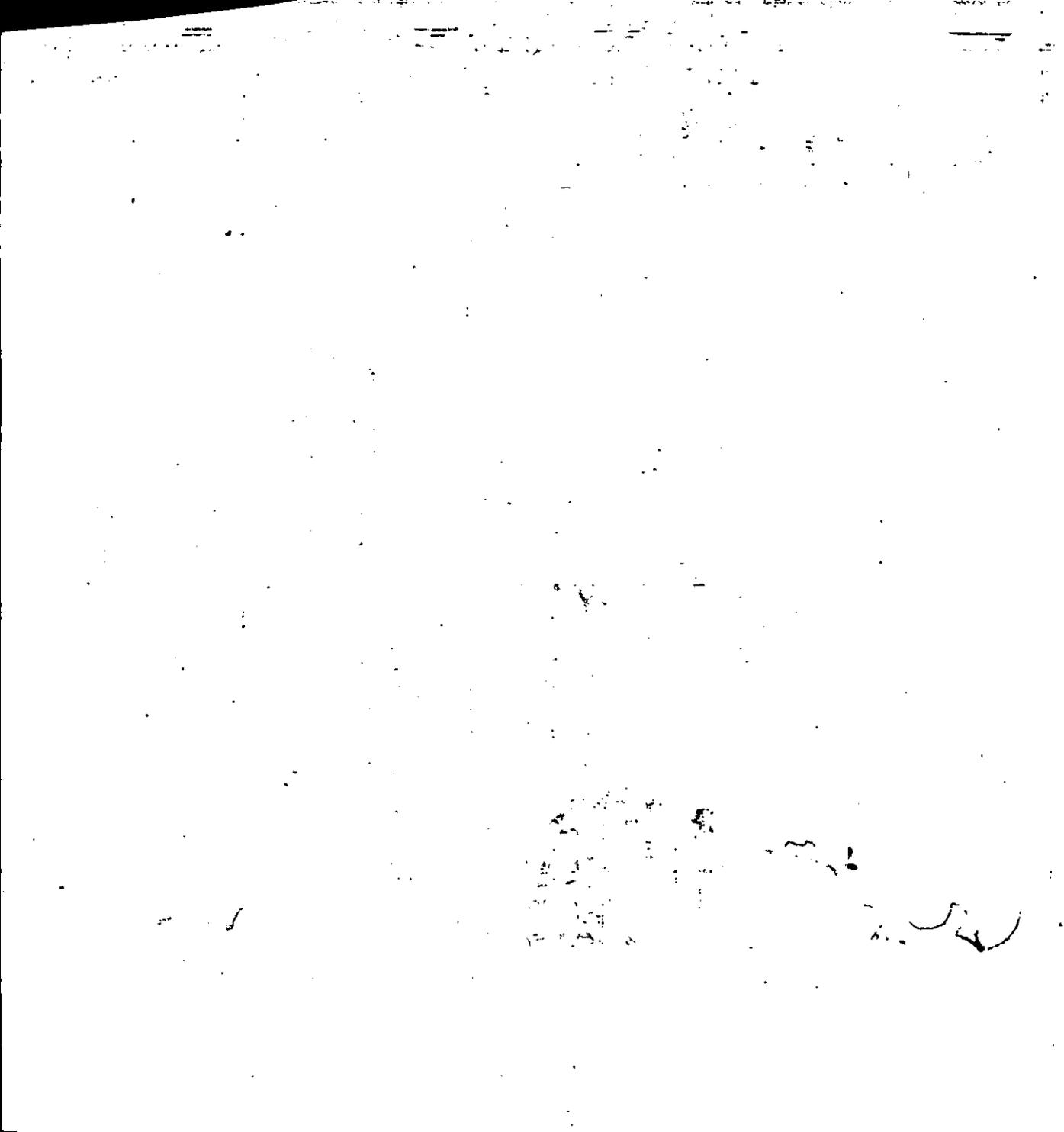
23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

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) Hanley Drashby, M. D.  
 (Address) Mt. Vernon, Missouri



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CERTIFICATE OF DEATH**

Do not use this space.  
ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Lawrence Registration District No. 468  
Township \_\_\_\_\_ Primary Registration District No. 4287  
City Marionville (No. \_\_\_\_\_, St. \_\_\_\_\_, Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
Registered No. 18

**2. FULL NAME** Dixie Dixie Nokes 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** 7 **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Child  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**  
**7. AGE** YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**  
6 27

**OCCUPATION**  
**8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.**  
**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)**

**MOTHER FATHER** **13. NAME**

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

**15. MAIDEN NAME**

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

**17. INFORMANT (ADDRESS)**

**18. BURIAL, CREMATION, OR REMOVAL**  
PLACE \_\_\_\_\_ DATE \_\_\_\_\_, 19\_\_

**19. UNDERTAKER (ADDRESS)**

**20. FILED** Jul. 10, 1935 Laura O. Cannon Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** June 17, 1935

**22. I HEREBY CERTIFY, That I attended deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Colitis complicated by spinal meningitis epidemic not epidemic

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) Hanley Drosky, M. D.

(Address) Mt. Vernon Mo

20246

JUNE 6 1965