

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 24 1937

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

Do not use this space.

27520

1. PLACE OF DEATH
 County Jasper Registration District No. 411
 Township Salmon Primary Registration District No. 2002
 City Joplin (No. 105 Winfield) St. _____ Ward _____

2. FULL NAME Alfred Theodore Young
 (a) Residence, No. 105 Winfield St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

File No. _____
 Registered No. _____

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>Marta</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-4-1888</u>		
7. AGE	YEARS <u>49</u>	MONTHS <u>5</u>
	DAYS <u>27</u>	If LESS than 1 day, _____ hrs. or _____ min.
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. <u>Miner</u>	
	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>Reef County, Mo.</u>		
FATHER	13. NAME <u>Jesse Young</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Rebecca Bailey</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT (ADDRESS) <u>Jim Williams at 214 9th - Joplin Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>First West Cem</u> DATE <u>Aug 2 37</u>		
19. UNDERTAKER <u>Frank Stevens Mortuary</u> (ADDRESS) <u>Joplin Mo.</u>		
20. FILED <u>862</u> 19 <u>37</u> <u>Ed J. James</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 1937

22. I HEREBY CERTIFY That I attended deceased from July 30 1937, to 7-20 1937
 I last saw him alive on July 30 1937 Death is said to have occurred on the date stated above, at 1 A. M. 7/31/37
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
 Date of onset _____

Other contributory causes of importance:
Valvular Heart Insufficiency

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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 I
 Nature of injury I

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) A. J. Winchester, M. D.
 (Address) Joplin Mo.

