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.

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

Do not use this space.

File No. 1645
Registered No. 333

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City (No. 3309½ East 31st St. St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME: Mrs. Edith Christine Young 520
(a) Residence, No. 3309½ East 31st St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: E. S. Young

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 21, 1889

7. AGE: Years 48 | Months ~~3~~ 4 | Days 28 | 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.: At Home
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): Illinois

FATHER
13. NAME: Arthur N. Link
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER
15. MAIDEN NAME: Sarah Eliza Cole
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT: E. S. Young
(ADDRESS) 3309½ E. 31st St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Moriah DATE: 1/21/38, 19

19. UNDERTAKER: Freeman Mortuary
(ADDRESS) Kansas City, Missouri

20. FILED: Jan. 21, 1938 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-19-38, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1937, to Jan 19, 1938.
I last saw her alive on Jan 19, 1938. Death is said to have occurred on the date stated above, at 11 45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1-19-38
(2d)	
Other contributory causes of importance:	
High Blood pressure (Essential)	5 yrs

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

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? no
If so, specify
(Signed) Harry E. Schoen M.D.
(Address) 243 Werby Bldg

RECEIVED

FEB 1? 1938

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MO. STATE BOARD OF HEALTH