

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

Do not use this space.

1. PLACE OF DEATH
 97 County Saline Registration District No. 796
 5 Township Primary Registration District No. 3038 File No. 4252
 2 City Marshall (No.) Registered No. 9 St. Ward)

2. FULL NAME Virginia Young Thomas 520
 (a) Residence, No. 24 North Brunswick 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

MEDICAL CERTIFICATE OF DEATH

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 O'Vander W. Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1870

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
67	7	4	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
 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) Dakota Territory
 13. NAME Jacob Harrison Young
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson County West Virginia
 15. MAIDEN NAME Adeline Sybil Carthrae
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline County Missouri
 17. INFORMANT (ADDRESS) Miss Mary Thomas Marshall, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park Cem. DATE Jan. 22 1938
 19. UNDERTAKER (ADDRESS) Campbell-Lewis Funeral Home Marshall, Mo.
 20. FILED 1-22-38 Mary Kent Registrar. 712

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19, 1938

22. I HEREBY CERTIFY That I attended deceased from Feb 19 - 1934 to Jan 19 - 1938
 I last saw her alive on Jan 18, 1938 Death is said to have occurred on the date stated above, at 12:15 m.
 The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus Date of onset 1925
 Other contributory causes of importance: Gangrene, Diabetic 1931
 Name of operation 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) A. Putnam M. D.
 (Address) Marshall Mo

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.

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH