

REG'D MAY 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cape
Township Cape
City Cape Girardeau Mo. (No. South East Hospital)

Registration District No. 120
Primary Registration District No. 3009

File No. 14241
Registered No. 114
St. _____ Ward _____

2. FULL NAME

Guy P. Young
115a Broadway

(a) Residence, No. _____ 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. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Dennis Young

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20, 1898

7. AGE YEARS 39 MONTHS 5 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coffee Shop
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) Jonesboro Ark.

FATHER 13. NAME Robert Young

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bay Ark.

MOTHER 15. MAIDEN NAME Essie Duncan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bay Ark.

17. INFORMANT Mrs. Dennis Young
(ADDRESS) Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jonesboro Ark. DATE 4-15-1938

19. UNDERTAKER Hamans Funeral Home
(ADDRESS) Cape Girardeau Mo.

20. FILED 4-11-1938 Jim. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-11-38

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1938, to April 11, 1938
I last saw him alive on April 11, 1938 Death is said to have occurred on the date stated above, at 12:50 p.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia, Lobar Date of onset 4-9-38

Other contributory causes of importance: 188

Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? Yes

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) Frank W. Hall, M. D.
(Address) Cape Girardeau, 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.

OCT 31 1945

AUG 12 1948