

37 MAY 22 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

15340

Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470  
 (b) Township Mo. Vernon Primary Registration District No. 5633 Registered No. L3  
 (c) City Mo. Vernon, Mo (d) Street No. Missouri State Sanatorium St. Mo.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 11 mos. 13 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Russle Berry Young

(a) Residence, No. Perry Mo St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6, 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
18 6 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Coal Miner  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) December 1937  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Missouri

FATHER 13. NAME Clarence Berry Young

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gass Missouri

MOTHER 15. MAIDEN NAME Katie Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Florida Missouri

17. INFORMANT E. McMichael, Record Clerk (ADDRESS) Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL PLACE Perry Mo DATE 4/28 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jay & Wilbey Perry Mo

20. FILED April 27, 1939 J. A. Adams Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1938 to April 26, 1939  
 I last saw him alive on Apr. 26, 1939 Death is said to have occurred on the date stated above, at 7:40 pm.

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

Pulmonary tuberculosis Date of onset Jan 1938

Other contributory causes of importance: 73

Name of operation None Date of None  
 What test confirmed diagnosis Aspiration 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) J. A. Adams, M. D.  
 (Address) Perry 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

District Health Officer No. 6,

District File Number 6-5-39-996

Date Filed MAY 10 1939

DW Horvies

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

\_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**